

# TOPIC REFERENCE GUIDE

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

Phase 9



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## About this Document

This document includes all core and standard questions that are currently being used by one or more sites in the Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 9 questionnaire organized by topic. Questions that contain response options related to multiple topics are listed under the primary topic.

Within each topic or sub-topic, questions are organized into three categories: Core, Standard, and Site-developed Questions. Core and standard questions are listed sequentially and alpha-sequentially within topics by question number or name. All questions are shown in English and are in the form used in the self-administered mail questionnaires. Interviewer-administered versions and Spanish translations are also available.

To identify which sites used the various standard and site-developed questions, refer to the list under each question that has site abbreviation and the number of the question on that site's survey. For example, RI76 corresponds to the Rhode Island (RI) survey question number 76 on their Phase 9 survey. The same question may have a different number in another site.

## Abuse

### Physical

#### Core Questions

5. **During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

No Yes

**Ask me...**

- h. If someone was hurting me emotionally or physically

11. **During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

No Yes

**Ask me...**

- j. If someone was hurting me emotionally or physically

30. **In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?** For each one, check **No** or **Yes**.

No Yes

- a. My spouse or partner
- b. My ex-spouse or ex-partner
- c. *Site option (Another family member)*
- d. *Site option (Someone else)*

31. **During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?** For each person, check **No** or **Yes**.

No Yes

- a. My spouse or partner
- b. My ex-spouse or ex-partner
- c. *Site option (Another family member)*
- d. *Site option (Someone else)*

**45. During your postpartum checkup, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No Yes**

**Ask me...**

- h. If someone was hurting me emotionally or physically

Standard Questions

**V11. During your most recent pregnancy, did you feel you needed any of the following services?** For each one, check **No** or **Yes**.

**No Yes**

- e. Help to reduce violence in my home

Used by: AZ69, OR62, PA68, SD70, UT69, WI67

**V12. During your most recent pregnancy, did you receive any of the following services?** For each one, check **No** or **Yes**.

**No Yes**

- e. Help to reduce violence in my home

Used by: CT68, IA69, LA74, NV58, OR63, PA69, SD71, UT70

**Z13. Since your new baby was born, have any of the following people pushed, hit, slapped, kicked, choked, or physically hurt you in any other way?** For each one, check **No** or **Yes**.

**No Yes**

- a. My spouse or partner
- b. My ex-spouse or ex-partner
- c. *Site-added option (Another family member)*
- d. *Site-added option (Someone else)*

Used by: HI62, MA69

Emotional/Sexual

Core Questions

**5. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No Yes**

**Ask me...**

- i. If someone was hurting me emotionally or physically

**12. During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No Yes**

**Ask me...**

- j. If someone was hurting me emotionally or physically

**45. During your postpartum checkup, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No Yes**

**Ask me...**

- i. If someone was hurting me emotionally or physically

Standard Questions

**Z1. Did your current, or ex, spouse or partner do any of the following things during your most recent pregnancy?** For each one, check **No** or **Yes**.

**No Yes**

- a. Threatened me or made me feel unsafe in some way
- b. Made me afraid for my safety or my family's safety because of their anger or threats
- c. Tried to control my daily activities, for example, controlling who I could talk to or where I could go
- d. Forced me to take part in touching or any sexual activity when I didn't want to

Used by: IA38, KS37, LA46, MO40, OR36, PR35, VA48, WA38, WY36

**Z2. Has your current, or ex, spouse or partner done any of the following things since your new baby was born?** For each one, check **No** or **Yes**.

**No Yes**

- a. Threatened me or made me feel unsafe in some way
- b. Made me afraid for my safety or my family's safety because of their anger or threats
- c. Tried to control my daily activities, for example, controlling who I could talk to or where I could go
- d. Forced me to take part in touching or any sexual activity when I didn't want to

Used by: IA65, LA71, PR66, TN72, VA72, WA65, WY65

**Z8. Before you got pregnant with your new baby, did your spouse or partner ever try to keep you from using your birth control so that you would get pregnant when you did not want to?** For example, did they hide your birth control, throw it away, or do anything else to keep you from using it?

No

Yes

I didn't have a partner at that time, or I was in a same sex relationship

Used by: HI63, RI78, VT64, WA66

**Z9. During any of the following time periods, did your spouse or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way?** For each time period, check **No** or **Yes**.

**No Yes**

- a. During the 12 months before I got pregnant
- b. During my most recent pregnancy
- c. Since my new baby was born

Used by: AK63, NYC75

**Z15. Before you got pregnant with your new baby, did your spouse or partner ever refuse to use a condom when you wanted them to use one to keep from getting pregnant?**

No

Yes

I didn't have a partner at that time, or I was in a same sex relationship

Used by: RI79, VT65, WA67



Site-specific Questions

**PR35. (Z1) Did your current, or ex, spouse or partner do any of the following things during your most recent pregnancy?** For each one, check **No** or **Yes**.

No Yes

- e. Threatened to take my children away from me

**PR66. (Z2) Has your current, or ex, spouse or partner done any of the following things since your new baby was born?** For each one, check **No** or **Yes**.

No Yes

- e. Threatened to take my children away from me

## Alcohol Use

### Core Questions

**11. During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

No Yes

**Ask me...**

- j. If I was drinking alcohol

**27. During your most recent pregnancy, did you have any alcoholic drinks during...?** For each one, check **No** or **Yes**.

No Yes

- a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*
- b. The second 3 months of pregnancy (2nd trimester)?
- c. The last 3 months of pregnancy (3rd trimester)?

**28. During your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during...?** For each one, check **No** or **Yes**.

No Yes

- a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*
- b. The second 3 months of pregnancy (2nd trimester)?
- c. The last 3 months of pregnancy (3rd trimester)?

Standard Questions

**L18. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?** For each one, check **No** or **Yes**.

**No      Yes**

- f. How drinking alcohol during pregnancy can affect a baby

Used by: MN9

**JJ1. During the 3 months before you got pregnant, how many times did you drink 4 or more alcoholic drinks in a 2-hour time span?** Check ONE answer

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 or more drinks in a 2-hour time span

Used by: NJ40

**JJ3. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?** Check ONE answer

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

Used by: CT32

**JJ5. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?** Check ONE answer

- 14 or more drinks a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week

I didn't drink then

Used by: AL42, GA32, LA39, MP35, RI41, UT37

**JJ6. During your most recent pregnancy, did a healthcare provider or home health visitor tell you that it was okay to drink a little alcohol during pregnancy?** Check ONE answer

No

Yes

Used by: UT40

## Assisted Reproduction and Fertility

### Standard Questions

**A1. Did you take any fertility drugs or receive any medical procedures from a healthcare provider to help you get pregnant with your new baby?** This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

No

Yes

Used by: AL14, VA15

**A2. Did you use any of the following fertility treatments to help you get *pregnant* with your *new baby*?** Check ALL that apply

Fertility-enhancing drugs prescribed by a doctor to stimulate ovulation

Intrauterine insemination or artificial insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into the uterus)

Assisted reproductive technology (treatments in which a woman's eggs or embryos were handled in the laboratory, such as in vitro fertilization [IVF] with or without, intracytoplasmic sperm injection [ICSI], or other related procedures)

Other medical treatment: Please tell us:

Used by: VA16

**A4. How long had you been trying to get pregnant *before* you took any fertility drugs or used any medical procedures to help you get pregnant with your new baby?** Do not count long periods of time when you and your partner were apart or not having sex.

- 0 to 6 months
- 7 months to less than 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 6 years
- More than 6 years

Used by: AL15, VA17

## Breastfeeding

### Core Questions

- 11. *During any of your prenatal care visits, did a healthcare provider do any of the following things?* For each one, check **No** or **Yes**.**

**No    Yes**

**Ask me...**

- e. If I planned to breastfeed my new baby

- 35. **How many weeks or months did you breastfeed or feed pumped milk to your new baby?****

I didn't breastfeed my baby

I breastfed my baby for less than 1 week

I breastfed my baby for:

\_\_\_ week(s) **OR** \_\_\_ month(s)

I'm still breastfeeding or feeding pumped milk to my new baby

### Standard Questions

- B1. **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 other things going on

I didn't like breastfeeding

I tried, but it was too hard

I didn't want to

I went back to work

I went back to school

Other: Please tell us:

Used by: AL55, AR61, DC43, IL44, LA55, MD41, MO46, NH42, NJ56, NM50, SC48, TX48, UT49, VA55

**B2. What were your reasons for stopping breastfeeding?** Check ALL that apply

- My baby had difficulty latching or nursing
- Breast milk alone didn't satisfy my baby
- I thought my baby wasn't gaining enough weight
- My nipples were sore, cracked, or bleeding, or it was too painful
- I thought I wasn't producing enough milk, or my milk dried up
- I had too many other things going on
- 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
- I went back to school
- My spouse or partner didn't support breastfeeding
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other: Please tell us:

Used by: AK39, AL54, AZ44, DC42, IN44, KS42, ME41, MI50, MO45, MP46, ND43, NE45, NH41, NM48, NV39, PA43, PR44, SC47, SD46, UT48, VA54

**B3. During your hospital stay after your new baby was born, did any of the following things happen?** For each one, check **No** or **Yes**.

**No      Yes**

- a. Hospital staff talked to me about how to breastfeed (how often and long to breastfeed)
- b. My baby stayed in the same room with me at the hospital
- c. Hospital staff helped me learn how to breastfeed
- d. I breastfed as soon as possible after my baby was born
- e. My baby was placed in skin-to-skin contact as soon as possible after birth
- f. My baby was fed only breast milk at the hospital
- g. Hospital staff helped me recognize when my baby was hungry
- h. The hospital gave me a gift pack with formula
- i. The hospital gave me information about who I could contact for breastfeeding support when I left the hospital

Used by: AL56, AZ45, CO49, CT44, DC44, FL43, KS44, MA48, MI51, MS46, NJ57, NY47, TX49, UT50, WI43, WV50

**B4. During your most recent pregnancy, what did you think about breastfeeding your new baby?** Check ONE answer

- I knew I wanted to breastfeed
- I thought I might breastfeed
- I knew I would **not** breastfeed

I didn't know what to do about breastfeeding

Used by: NY17, TN22, VA28

**B7. When you went for WIC visits *during* your most recent pregnancy, did you receive information on breastfeeding?**

No  
Yes

Used by: AL25, LA26, MI25, WV24

**B8. *During* your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?**

No  
Yes

Used by: AR27, NJ27, WV23

**B9. *Before* your new baby was born, did any of the following things happen?** Check ALL that apply

Someone answered my questions about breastfeeding  
I was offered a class on breastfeeding  
I attended a class on breastfeeding  
I decided or planned to feed *only* breast milk to my baby  
I discussed feeding *only* breast milk to my baby with my family/friends  
I discussed feeding *only* breast milk to my baby with my healthcare worker  
I decided not to breastfeed my baby

Used by: MI47

**B10. How old was your new baby the first time they had liquids other than breast milk (such as formula, water, juice, or cow's milk)?** Check ONE answer

My baby has not had any liquids other than breast milk  
My baby was less than 1 week old  
My baby was:  
\_\_\_\_ week(s) **OR** \_\_\_\_ month(s)

Used by: AK40, FL42, HI45, IL42, IN45, KS43, MA47, MN50, NYC45, NY45, OK36

**B11. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?** Check ONE answer

My baby has not eaten any foods

My baby was less than 1 week old

My baby was:

\_\_\_ week(s) **OR** \_\_\_ month(s)

Used by: AK41, HI46, IL43, NYC46, NY46

**B12. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**

No

Yes

Used by: AL24, AR26, CO22, DE26, HI19, LA25, MA23, MI24, MP20, NJ26, NM21, RI22, WV22

**B13. After your new baby was born, did you get any of the following kinds of help with breastfeeding?** For each one, check **No** or **Yes**.

**No      Yes**

- a. Someone to answer my questions
- b. Help getting my baby positioned correctly
- c. Help knowing if my baby was getting enough milk
- d. Help with managing pain or bleeding nipples
- e. Information about where to get a breast pump
- f. Help using a breast pump
- g. Information about breastfeeding support groups
- h. Other: Please tell us:

Used by: CT43, LA53, MN49, NM49, PA44

**B14. Have you used a breast pump to express milk to feed to your new baby?**

No

Yes

Used by: IA45, LA54

**B17. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?** For each one, check **No** or **Yes**.

**No**      **Yes**

- a. One of my doctors
- b. A nurse or midwife
- c. A doula
- d. A breastfeeding or lactation specialist
- e. My baby's doctor or healthcare provider
- f. A breastfeeding support group
- g. A breastfeeding hotline or toll-free number
- h. Websites or apps about pregnancy or infant care
- i. Social media (such as Facebook, Instagram, TikTok)
- j. Family or friends
- k. Other: please tell us

Used by: AL52, IA43, LA51, MI48, MP44, ND41

Site-specific Question

**AZ45. (B3) During your hospital stay after your new baby was born, did any of the following things happen?** For each one, check **No** or **Yes**.

**No**      **Yes**

- j. I used a hospital grade breast pump
- k. I wasn't offered lactation services or encouraged to breastfeed due to a positive marijuana test (medical or recreational)

## Child Care

Standard Questions

**C1. Are you currently in school or working?** Check ALL that apply

- No, I don't go to school or work
- Yes, I go to school or work outside the home
- Yes, I go to school or work from home

Used by: MP72, MT77, ND76, NH73



**C2. Which one of the following people spends the most time taking care of your new baby when you are in school or working?** Check ONE answer

- My spouse or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other childcare provider
- Staff at day care center
- Other: Please tell us:  
The baby is with me while I am in school or working

Used by: MT78, ND77, NH74

Site-specific Question

**MT79. While you are away from your new baby for school or work, how often do you feel that they are well cared for?**

- Always
- Often
- Sometimes
- Rarely
- Never

## Contraception

Core Questions

**5. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No      Yes**

**Talk to me about...**

- d. Birth control methods

**11. During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No      Yes**

**Ask me...**

- e. If I planned to use birth control after my baby was born

**41. Are you or your spouse or partner doing anything *now* to keep from getting pregnant?**

This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

No

Yes

I'm pregnant now

**42. What are your reasons for not doing anything to keep from getting pregnant *now*? Check**

ALL that apply

I want to get pregnant or don't mind if I do

I had my tubes tied or blocked

My spouse or partner had a vasectomy

I don't want to use birth control

I'm worried about side effects from birth control

My spouse or partner doesn't want to use condoms

My spouse or partner doesn't want me to use birth control

We are same-sex spouses/partners

I have problems getting birth control I want

I don't think I can get pregnant because I'm breastfeeding

I'm not having sex

Other: Please tell us:

**43. What kind of birth control are you or your spouse or partner using *now* to keep from getting pregnant? Check ALL that apply**

Tubes tied or blocked

My spouse or partner had a vasectomy

Birth control pills

Condoms

Shots or injections

Contraceptive patch or vaginal ring

IUD

Contraceptive implant in the arm

Withdrawal (pulling out)

Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)

Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)

Other: Please tell us:

**46. During your postpartum checkup, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No      Yes**

**Talk to me about...**

c. Birth control methods

Standard Questions

**E3. What kind of birth control were you using when you got pregnant?** Check ALL that apply

Birth control pills

Condoms

Shots or injections

Contraceptive patch or vaginal ring

IUD

Contraceptive implant in the arm

Withdrawal (pulling out)

Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)

Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)

Other: Please tell us:

Used by: AR15, GA13, KY13, MI15, MP12, TN14, VA14, WV12

**E4. Before you got pregnant with your new baby, had you ever heard or read about emergency birth control?** Pills (the "morning after pill") or copper IUD insertion (Paragard) are used to prevent pregnancy up to 5 days after unprotected sex.

No

Yes

Used by: NM74, TN73

**E5. When you got pregnant with your new baby, were you trying to get pregnant?**

No

Yes

Used by: AK10, AL11, AR12, CO12, CT10, DE14, GA11, IA10, KY10, LA13, MI12, MO11, MP10, MT11, NJ14, NYC13, PA12, SC14, SD10, TX12, VA12, WV10

**E6. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant?** This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

No  
Yes

Used by: AL12, AR13, CO13, CT11, GA12, KY11, LA14, MI13, MO12, MP11, MT12, NJ15, NYC14, PA13, SD11, TN12, UT16, VA13, WV11

**E7. What were your 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 couldn't get pregnant at that time
- I didn't want to use birth control
- I had side effects from the birth control method I was using
- I had problems getting birth control I wanted
- I thought my spouse or partner or I was sterile (couldn't get pregnant at all)
- My spouse or partner didn't want to use condoms
- My spouse or partner didn't want me to use birth control
- I forgot to use a birth control method
- Other: Please tell us:

Used by: AL13, AR14, CO14, KY12, LA15, MI14, MO13, NYC15, PA14, SD12, TN13, UT17

**E8. During your hospital stay after your new baby was born, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No**      **Yes**

- a. Talked with me about birth control methods I can use after giving birth
- b. Tied or blocked my tubes
- c. Placed an IUD
- d. Placed a contraceptive implant in my arm
- e. Gave me a contraceptive shot/injection
- f. Gave me or prescribed a contraceptive method for me to start at a later time (such as birth control pills, patch, ring)

Used by: AK47, IA52, UT56, WI49

## Delivery Method

### Standard Questions

**K3. How was your new baby delivered?**

- Vaginally
- Cesarean delivery (c-section)

Used by: AR56, CT36, MN43, MS39, MT43, NE38, NJ48, NM43, NY38, PR38, SC41, TX41

**K4. How did your prenatal care provider suggest you deliver your new baby?** Check ONE answer

- Suggested I deliver my baby vaginally (naturally)
- Suggested I have a cesarean delivery (c-section)
- Didn't suggest how I deliver my baby

Used by: LA21, VA21

**K6. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?** Check ONE answer

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

Used by: CT37, MS41, MT45, NE40, NJ50, NY39

**K7. What was the reason that your new baby was born by cesarean delivery (c-section)?** Check ALL that apply

- I had a previous cesarean delivery (c-section)
- My baby was in the wrong position (such as breech)
- I was past my due date
- My healthcare provider worried that my baby was too big
- I had a medical condition that made labor dangerous for me (such as a heart condition or physical disability)
- I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- My healthcare provider tried to induce my labor, but it didn't work

- Labor was taking too long
- The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other: Please tell us

Used by: MN44, MS40, MT44, NE39, NJ49, PR39, SC42, TX42

**K8. Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?**

- No
- Yes

Used by: MT42, NM42

**K9. Did your healthcare provider try to induce your labor to start your contractions?**

- No
- Yes
- I don't know

Used by: MT40, NE36, NM40, NY36, PR36

**K10. Why did your healthcare provider try to induce your labor?** Check ALL that apply

- My water broke, and there was a fear of infection
- I was past my due date
- My healthcare provider worried about the size of the baby
- My baby was not doing well and needed to be born
- I had a complication in my pregnancy (such as low amniotic fluid or pre-eclampsia)
- I wanted to schedule my delivery
- I wanted to give birth with a specific healthcare provider
- Other: Please tell us:

Used by: MT41, NE37, NM41, NY37, PR37

## Disability

**2. Before you got pregnant, did you...?** For each one, check **No** or **Yes**.

**No**      **Yes**

- a. Have serious difficulty hearing, or are you deaf?
- b. Have serious difficulty seeing, even when wearing glasses, or are you blind?
- c. Have serious difficulty walking or climbing stairs?
- d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?
- e. Have difficulty with dressing or bathing yourself?
- f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?

## Discrimination

### Core Questions

- 53. While *getting healthcare* during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?** For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

**No      Yes**

- a. My race, ethnicity, or skin color
- b. My disability status
- c. My immigration status
- d. My age
- e. My weight
- f. My income
- g. My sex or gender
- h. My sexual orientation
- i. My religion
- j. My language or accent
- k. My type or lack of health insurance
- l. My use of substances (alcohol, tobacco, or other drugs)
- m. My involvement with the justice system (jail or prison)
- n. Another reason: Please tell us:

- 54. During your life until now, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?**

Very often  
Somewhat often  
Not very often  
Never

**55. Have you ever been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?** For each one, check **No** or **Yes**.

**No Yes**

- a. Job (hiring, promotion, firing)
- b. Housing (renting, buying, mortgage)
- c. Police (stopped, searched, threatened)
- d. In the courts
- e. At school or my child's school
- f. Getting medical care

Standard Questions

**BB1. During the 12 months before your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color?**

- Very often
- Somewhat often
- Not very often
- Never

Used by: DE43, KS34, MN40, MT37, NE33, NJ44, NY33, SC38

**BB4. During your life until now, how often have you worried that you might be treated or judged unfairly because of your race, ethnicity, or skin color?**

- Very often
- Somewhat often
- Not very often
- Never

Used by: DE75, NE73, NYC79

**BB6. Have you ever experienced discrimination or were prevented from doing something, hassled, or made to feel inferior because of the things listed below?** For each item, check **No** if you did not experience discrimination because of it or **Yes** if you did.

**No Yes**

- a. My race, ethnicity, or skin color
- b. My disability status
- c. My immigration status
- d. My age



- e. My weight
- f. My income
- g. My sex or gender
- h. My sexual orientation
- i. My religion
- j. My language or accent
- k. My type or lack of health insurance
- l. My use of substances (alcohol, tobacco, or other drugs)
- m. My involvement with the justice system (jail or prison)
- n. Another reason: Please tell us:

Used by: ND79, OR67

## Drug Use

### Core Questions

- 11. During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No      Yes**

**Ask me...**

- a. If I was taking any prescription medication
- b. If I was using illegal drugs
- c. If I was using marijuana

### Standard Questions

- DRUG2. During the *month before* you got pregnant, did you take or use any of the following medications or drugs for any reason?** Your answers are strictly confidential. For each one, check **No** or **Yes**.

**No      Yes**

- c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine
- d. Adderall®, Ritalin®, or another stimulant
- e. Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)
- f. Methadone, Subutex®, Suboxone®, or buprenorphine
- g. Naloxone
- h. Marijuana or cannabis in any form (not including hemp or CBD-only products)
- i. CBD products
- j. Synthetic marijuana (K2 or Spice)
- k. Kratom
- l. Fentanyl or heroin (smack, junk, Black Tar or *Chiva*)

- m. Amphetamines (uppers, speed, crystal meth, crank, ice or *agua*)
- n. Cocaine (crack, rock, coke, blow, snow or *nieve*)
- o. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)

Used by: HI67, SD68, WY68

**DRUG3. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?** Your answers are strictly confidential. For each one, check **No** or **Yes**.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine |           |            |
| d. Adderall®, Ritalin®, or another stimulant   |           |            |
| e. Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)                |           |            |
| f. Methadone, Subutex®, Suboxone®, or buprenorphine  |           |            |
| g. Naloxone  |           |            |
| h. Marijuana or cannabis in any form (not including hemp or CBD-only products)                   |           |            |
| i. CBD products  |           |            |
| j. Synthetic marijuana (K2 or Spice)   |           |            |
| k. Kratom  |           |            |
| l. Fentanyl or heroin (smack, junk, Black Tar or <i>Chiva</i> )                                  |           |            |
| m. Amphetamines (uppers, speed, crystal meth, crank, ice or <i>agua</i> )                        |           |            |
| n. Cocaine (crack, rock, coke, blow, snow or <i>nieve</i> )                                      |           |            |
| o. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)            |           |            |

Used by: AZ67, DC69, HI68, IN73, MA72, MO65, MP69, NH69, NM77, NV57, PA70, PR69, SD69, VT73, WI66, WV75

**L18. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?** For each one, check **No** or **Yes**.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| d. The safety of using prescription or over-the-counter medicines during pregnancy |           |            |
| g. How using drugs not prescribed to me during pregnancy can affect a baby         |           |            |

Used by: MN9

**L26. 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 one, check **No** or **Yes**.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| c. I was regularly taking prescription medicines other than birth control |           |            |

Used by: DE3, SC3

**MJ1. At any time during the 3 months *before* you got pregnant or *during* your most recent pregnancy, did you use marijuana or cannabis in any form?**

No  
Yes

Used by: MD65, VT68

**MJ2. During the 3 months *before* you got pregnant, on average, about how often did you use marijuana products?**

Daily  
2-6 days a week  
1 day a week  
2-3 days a month  
1 day a month or less  
I didn't use marijuana then

Used by: IL68, OK58, VT69

**MJ3. *During* your most recent pregnancy, on average, about how often did you use marijuana products?**

Daily  
2-6 days a week  
1 day a week  
2-3 days a month  
1 day a month or less  
I did not use marijuana then

Used by: IL69, MD66, VT70

**MJ6. *During any of your prenatal care visits, did a healthcare provider do any of the following things?* Please include if they asked you on a written form or in a conversation. For each one, check **No** or **Yes**.**

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Ask me if I was using marijuana               |           |            |
| b. Recommend that I use marijuana for any reason |           |            |
| c. Advise me not to use marijuana                |           |            |

- d. Advise me not to breastfeed my baby if I was using marijuana

Used by: VT72

**MJ10. During your most recent pregnancy, did you take prescription antidepressants or selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, or Lexapro?**

- No
- Yes

Used by: IA68

**MJ11. During your most recent pregnancy, did you use prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine?**

- No
- Yes

Used by: IL70

**OP2. During your most recent pregnancy, did you use any of the following prescription pain relievers? Do *not* include pain relievers you used *only* during labor and delivery. For each one, check **No** or **Yes**.**

**No      Yes**

- a. Hydrocodone (Vicodin®, Norco®, or Lortab®)
- b. Codeine (Tylenol® #3 or #4, not regular Tylenol®)
- c. Oxycodone (Percocet®, Percodan®, OxyContin®, or Roxicodone®)
- d. Tramadol (Ultram® or Ultracet®)
- e. Hydromorphone or meperidine (Demerol®, Exalgo®, or Dilaudid®)
- f. Oxymorphone (Opana®)
- g. Morphine (MS Contin®, Avinza®, or Kadian®)
- h. Fentanyl (Duragesic®, Fentora®, or Actiq®)

Used by: CT67

**U10. After your baby was born, did a healthcare provider tell you that your baby had drug withdrawal or neonatal abstinence syndrome?**

- No
- Yes

Used by: PA71, PR70

**V11. During your most recent pregnancy, did you feel you needed any of the following services?** For each one, check **No** or **Yes**.

- |                             |           |            |
|-----------------------------|-----------|------------|
|                             | <b>No</b> | <b>Yes</b> |
| f. Help to quit using drugs |           |            |

Used by: AZ69, OR62, PA68, SD70, UT69, WI67

**V12. During your most recent pregnancy, did you receive any of the following services?** For each one, check **No** or **Yes**.

- |                             |           |            |
|-----------------------------|-----------|------------|
|                             | <b>No</b> | <b>Yes</b> |
| f. Help to quit using drugs |           |            |

Used by: CT68, IA69, LA74, NV58, OR63, PA69, SD71, UT70

Site-specific Questions

**DRUG1. During any of the follow time periods, did you use marijuana or cannabis in any form?**

Please do not include hemp or CBD-only products. For each time period, check **No** or **Yes**.

- |  |           |            |
|--|-----------|------------|
|  | <b>No</b> | <b>Yes</b> |
| a. During the 3 months before I got pregnant |           |            |
| b. During my most recent pregnancy           |           |            |
| c. Since my new baby was born                |           |            |

Used by: AK62, CT66, ME67, NYC74, WA71

**AZ45. (B3) During your hospital stay after your new baby was born, did any of the following things happen?** For each one, check **No** or **Yes**.

- |   |           |            |
|---|-----------|------------|
|   | <b>No</b> | <b>Yes</b> |
| k. I wasn't offered lactation services or encouraged to breastfeed due to a positive marijuana test (medical or recreational) |           |            |

**CO67. During any of the follow time periods, did you use marijuana or cannabis in any form?**

Please do not include hemp or CBD-only products. For each time period, check **No** or **Yes**.

- |  |           |            |
|--|-----------|------------|
|  | <b>No</b> | <b>Yes</b> |
| a. During the 3 months before I got pregnant   |           |            |
| b. During the first 3 months of my pregnancy   |           |            |
| c. During the last 3 months of my pregnancy    |           |            |
| d. At any time during my most recent pregnancy |           |            |

- e. Since my new baby was born

**ND65. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** Please include if they asked you on a written form or in a conversation. For each one, check **No** or **Yes**.

**No      Yes**

- a. Ask me if I was using marijuana
- b. Recommend that I use marijuana for any reason
- c. Advise me not to use marijuana
- d. Advise me not to breastfeed my baby if I was using marijuana

**WV75. (DRUG3) During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?** Your answers are strictly confidential. For each one, check **No** or **Yes**.

**No      Yes**

- p. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)

## Emergency Preparedness

### Standard Questions

**KK1. Do you currently have an emergency plan for your family in case of disaster?** For example, you and your family have talked about how to be safe if a disaster happened.

- No
- Yes

Used by: CT77, MP76, PR77

**KK4. Below is a list of things that some people do to prepare for a disaster.** For each one, check **No** or **Yes**.

**No      Yes**

- a. I have an emergency meeting place for family members (other than my home)
- b. My family and I have practiced what to do in case of a disaster
- c. I have a plan for how my family and I would keep in touch if we were separated
- d. I have an evacuation plan if I need to leave my home and community
- e. I have an evacuation plan for my children in case of a disaster (permission for day care or school to release my child to another adult)
- f. I have copies of important documents like birth certificates and insurance policies in a safe place outside my home

- g. I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least three days
- h. I have emergency supplies that I keep in my car, at work, or at home to take with me if I have to leave quickly

Used by: HI72, MO71, NE77

### Site-specific Questions

**HI73 (Modified KK14). *After a disaster, would you have the kinds of help listed below if you needed them?*** For each one, check **No** or **Yes**.

- |  |           |            |
|--|-----------|------------|
|  | <b>No</b> | <b>Yes</b> |
| a. Someone to loan me \$50                                   |           |            |
| b. Someone to help me if I were sick and needed to be in bed |           |            |
| c. Someone to talk with about my problems                    |           |            |

## Family Health History

### Core Questions

**11. *During any of your prenatal care visits, did a healthcare provider do any of the following things?*** For each one, check **No** or **Yes**.

**No**      **Yes**

**Talk to me about...**

- a. Doing tests to screen for birth defects or diseases that run in my family

### Standard Questions

**L18. *In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?*** For each one, check **No** or **Yes**.

- |  |           |            |
|--|-----------|------------|
|  | <b>No</b> | <b>Yes</b> |
| b. Getting counseling for any genetic diseases that run in my family |           |            |

Used by: MN9

**L26. *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 one, check **No** or **Yes**.

**No**      **Yes**

- e. I talked to a healthcare provider about my family medical history

Used by: DE3, SC3

## Health Insurance

### Maternal

#### Core Questions

- 6. 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 (paid for by me, someone else, or through a job)

*Site-specific option (Private health insurance from the <Site> Health Insurance Marketplace or <Site website>, or Healthcare.gov)*

Medicaid (*Site Medicaid name*)

*Site-specific option (Other government plan or program such as SCHIP/CHIP)*

*Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*Site-specific option (TRICARE or other military health care)*

*Site-specific option (IHS or tribal)*

Other health insurance: Please tell us:

I didn't have any health insurance during the *month before* I got pregnant

- 7. During your most recent pregnancy, what kind of health insurance did you have?** Check ALL that apply

Private health insurance (paid for by me, someone else, or through a job)

*Site-specific option (Private health insurance from the <Site> Health Insurance Marketplace or <Site website>, or Healthcare.gov)*

Medicaid (*Site Medicaid name*)

*Site-specific option (Other government plan or program such as SCHIP/CHIP)*

*Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*Site-specific option (TRICARE or other military health care)*

*Site-specific option (IHS or tribal)*

Other health insurance: Please tell us:

I didn't have any health insurance *during my pregnancy*

- 8. What kind of health insurance do you have now?** Check ALL that apply

Private health insurance (paid for by me, someone else, or through a job)

*Site-specific option (Private health insurance from the <Site> Health Insurance Marketplace or <Site website>, or Healthcare.gov)*

Medicaid (*Site Medicaid name*)

*Site-specific option (Other government plan or program such as SCHIP/CHIP)*



*Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*Site-specific option (TRICARE or other military health care)*

*Site-specific option (IHS or tribal)*

Other health insurance: Please tell us:

I don't have any health insurance *now*

## Standard Questions

**DD7. What was the reason that you did not have any health insurance during the *month before you got pregnant with your new baby*? Check ALL that apply**

Health insurance was too expensive

I couldn't get health insurance from my job or the job of my spouse or partner

I applied for health insurance but was waiting to get it

I had problems with the health insurance application or website

My income was too high to qualify for Medicaid

My income was too high to qualify for a tax credit from the <Site> Health Insurance Marketplace or HealthCare.gov

I didn't know how to get health insurance

*Site-specific option (I'm not a US citizen, or I didn't have the right residency documents)*

Other: Please tell us:

Used by: IN11, NJ9, NM8, NYC9

**DD11. What was the reason that you did not have any health insurance *during* for your most recent pregnancy? Check ALL that apply**

Health insurance was too expensive

I couldn't get health insurance from my job or the job of my spouse or partner

I applied for health insurance but was waiting to get it

I had problems with the health insurance application or website

My income was too high to qualify for Medicaid

My income was too high to qualify for a tax credit from the <Site> Health Insurance Marketplace or HealthCare.gov

I didn't know how to get health insurance

*Site-specific option (I'm not a US citizen, or I didn't have the right residency documents)*

Other: Please tell us:

Used by: AR9, MD9, NV8

**DD20. What is the reason that you do not have any health insurance *now*? Check ALL that apply**

Health insurance is too expensive

I can't get health insurance from my job or the job of my spouse or partner

I applied for health insurance, but I'm still waiting to get it

I had problems with the health insurance application or website

My income is too high to qualify for Medicaid

My income is too high to qualify for a tax credit from the <Site> Health Insurance Marketplace or HealthCare.gov

I don't know how to get health insurance

*Site-specific option (I'm not a US citizen, or I don't have the right residency documents)*

Other: Please tell us:

Used by: NE9, UT14, WY9

## Infant Coverage

### Standard Questions

**H2. What kind of health insurance is your new baby covered by now?** Check ALL that apply

Private health insurance (paid for by me, someone else, or through a job)

*Site-specific option (Private health insurance from the <Site> Health Insurance Marketplace or <Site website>, or Healthcare.gov)*

Medicaid (*Site Medicaid name*)

*Site-specific option (Other government plan or program such as SCHIP/CHIP)*

*Site-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*Site-specific option (TRICARE or other military health care)*

*Site-specific option (IHS or tribal)*

Other health insurance: Please tell us:

I don't have any health insurance for my new baby

Used by: MD42, ND44

## HIV and Sexually Transmitted Infections

### Core Questions

**5. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No      Yes**

**Talk to me about...**

f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV

**11. During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No    Yes**

**Ask me...**

m. If I wanted to be tested for HIV

Standard Questions

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

No

Yes

I don't know

Used by: AL18

**19. Why didn't you have an HIV test during your most recent pregnancy or at delivery?** Check ALL that apply

I wasn't offered the test

I didn't want to have the test

I already knew my HIV status

I didn't think I was at risk for HIV

I didn't want people to think I was at risk for HIV

I was afraid of getting the result

I was tested *before* this pregnancy and didn't think I needed to be tested again

Other reason: Please tell us:

Used by: AL19

**110. What are you doing now to keep from getting sexually transmitted infections (STIs), including HIV?** Check ALL that apply

I'm not doing anything

Using condoms

I get tested for STIs/HIV

Mutual monogamy (partners only have sex with each other)

Other: Please tell us:

Used by: IA75

**EE3. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following infections?** For each one, check **No** or **Yes**.

**No      Yes**

- a. Genital warts (HPV)
- b. Herpes
- c. Chlamydia
- d. Gonorrhea
- e. Pelvic inflammatory disease (PID)
- f. Syphilis
- g. Group B Strep (Beta Strep)
- h. Bacterial vaginosis
- i. Trichomoniasis (Trich)
- j. Yeast infections
- k. Urinary tract infection (UTI)
- l. Other: Please tell us:

Used by: FL19, MT22, SD27, TN29

Site-specific Questions

**TN29. (EE3) During your most recent pregnancy, did a healthcare provider tell you that you had any of the following infections?** For each one, check **No** or **Yes**.

**No      Yes**

- l. Hepatitis C (Hep C)

## Home Visitation

Standard Questions

**V13. Who was the home visitor that came to your home during your most recent pregnancy?**

Check ALL that apply

A nurse, nurse's aide, or midwife

A teacher or health educator

A doula or childbirth educator

Site option (Someone from the <Healthy Start or other Program Name>)

Someone else: Please tell us:

I don't know

Used by: NJ25, NM20, VA27, WA17

**V14. During your most recent pregnancy, how many times did the home visitor come to your home to help you learn how to prepare for your new baby?**

- 1 time
- 2 to 4 times
- 5 or more times

Used by: WA18

**V15. During your most recent pregnancy, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check No or Yes.**

**No    Yes**

- a. How smoking during pregnancy could affect my baby
- b. How drinking alcohol during pregnancy could affect my baby
- c. Doing tests to screen for birth defects or diseases that run in my family
- d. The importance of getting tested for HIV
- e. The importance of getting tested for sexually transmitted infections (STIs)
- f. If someone was hurting me emotionally or physically
- g. Breastfeeding my baby
- h. My emotional well-being

Used by: WA19, WV21

**V16. Who was the home visitor that came to your home since your new baby was born? Check ALL that apply**

- A nurse, nurse's aide, or midwife
- A teacher or health educator
- A doula or childbirth educator
- Site option (Someone from the <Healthy Start or other Program Name>)
- Someone else: Please tell us:
- I don't know

Used by: GA50, NJ66, NM59, NYC53, VT49, WA50, WY50

**V18. Since your new baby was born, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check No or Yes.**

**No    Yes**

- a. Breastfeeding my baby
- b. How long to wait before getting pregnant again

- c. Family planning services or using contraception
- d. Postpartum depression
- e. Resources in my community to support new parents
- f. Getting to a healthy weight
- g. How to quit or keep from smoking
- h. How to get the healthcare that my baby or I need

Used by: GA51, KS55, WV58

**V21. *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, healthcare provider, doula, childbirth educator, social worker, or another person who works for a program that helps you during your pregnancy.

No  
Yes

Used by: AR25, AZ20, DE24, IL18, MA21, NJ24, NM19, SD22, VA26, WA16, WV20

**V22. *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, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns.

No  
Yes

Used by: GA49, IL51, KS54, MA54, MT55, NJ65, NM58, NYC52, VT48, WA49, WV57, WY49

## Household Characteristics

Residents

Core Question

**34. *Is your baby living with you now?***

No  
Yes

Standard Question

**W8. Please choose the statement that best describes your current living arrangement with your spouse or partner.**

- Lives with me all of the time
- Lives with me some of the time
- Doesn't live with me
- I don't have a spouse or partner

Used by: NH82

## Income

### Core Questions

**56. During the 12 months before your new baby was born, what was your yearly total household income before taxes?** Include your income, your spouse 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 getting now.*

- \$0 to \$18,000
- \$18,001 to \$23,000
- \$23,001 to \$27,000
- \$27,001 to \$32,000
- \$32,001 to \$37,000
- \$37,001 to \$42,000
- \$42,001 to \$48,000
- \$48,001 to \$60,000
- \$60,001 to \$85,000
- \$85,001 or more

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

Number of people \_\_\_\_

## Infant Care

### Well Child Care

#### Standard Questions

**X2. Did any of these things keep your baby from having a well-baby checkup?** Check ALL that apply

- I didn't have enough money or insurance to pay for it
- I had no way to get my baby to the clinic or doctor's office
- I didn't have anyone to take care of my other children
- I couldn't get an appointment
- My baby was too sick to go for a well-baby checkup
- Other: Please tell us:

Used by: AZ52, DC52, IN53, MN57, MS53, NH50, PR53, WY48

**X9. 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

Used by: AZ51, DC51, IN52, KS53, MN56, MS52, NH49, NH64, PR52, WY47

**X10. Was your new baby seen by a healthcare provider for a *one-week checkup* after he or she was born?**

- No
- Yes
- My baby was still in the hospital at that time

Used by: DC50, PR51

### Sick Child Care

#### Standard Questions

**T1. Have you taken your new baby for care when he or she was sick?**

- No
- Yes



My baby has not been sick

Used by: IN54

**T3. Has your new baby gone for care as many times as you wanted when he or she was sick?**

No  
Yes

Used by: IN55

## Vaccinations

### Standard Questions

**X3. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old?** Do not count shots or vaccinations given in the hospital right after birth.

No  
Yes

My child has not had any well-baby shots, but he or she is not 3 months old yet

Used by: MT67, TX68, UT65

### Site-specific questions

**MI66. What are your plans for vaccinating your new baby?**

My baby will be vaccinated the way my doctor recommends

My baby will get every vaccine, but at different times than my doctor recommends

My baby will get only some of the recommended vaccines

My baby will not get vaccines

Used by: KS73, MI66

## Education

### Site-specific Questions

**RI92. Are you or any other family member currently reading or looking at books with your baby?**

No  
Yes

**RI93. *During the past week, how many days did you or other family members read or look at books with your new baby?***

No one has read to the baby in the past week

1 to 3 days during the week

4 to 7 days during the week

## General

### Site-specific Questions

**RI91. *In general, how easy is it to calm your baby when he or she is crying or fussy?*** Check ONE answer

Very easy

Somewhat easy

Somewhat difficult

Very difficult

## Infant Morbidity and Mortality

### Core Questions

**12. *After the delivery, how long did your new baby stay in the hospital?***

Less than 3 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

**13. *Is your baby alive now?***

No

Yes

### Standard Questions

**K16. *After the delivery, was your baby put in an intensive care unit (NICU)?***

No

Yes

I don't know

Used by: CO44

## Infant Sleep Environment

### Core Questions

**36. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps?**

For each one, check **No** or **Yes**.

**No    Yes**

- a. On their side
- b. On their back
- c. On their stomach

**37. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?**

- Always
- Often
- Sometimes
- Rarely
- Never

**38. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?**

- No
- Yes

**39. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.**

**No    Yes**

- a. In a crib, portable crib, or bassinet
- b. On a twin or larger mattress or bed
- c. On a couch, sofa, or armchair
- d. In an infant car seat
- e. In a swing, rocker, or other inclined sleeper

- f. In an in-bed sleeper
- g. In a baby board or cradleboard
- h. Other: Please tell us:

**40. In the past 2 weeks, has your new baby been placed to sleep with the following?** For each one, check **No** or **Yes**.

**No      Yes**

- a. In a sleeping sack or wearable blanket
- b. In a swaddled blanket
- c. Comforters, quilts, blankets, or non-fitted sheets
- d. Soft toys, cushions, or pillows, including nursing pillows
- e. Crib bumper pads (mesh or non-mesh)
- f. Other: Please tell us:

Standard Questions

**F4. Who does your new baby *usually* sleep with when they are not sleeping alone?** Check ALL that apply

- Me
- My spouse or partner
- A grandparent
- My baby's twin
- An older sibling
- Someone else: Please tell us:

Used by: IN48, KY49, MI54

**F5. Did a healthcare provider tell you to place your baby to sleep in the following ways?** For each one, check **No** or **Yes**.

**No      Yes**

- a. On their back to sleep
- b. In a crib, bassinet, or portable crib
- c. Without a blanket, soft toys, cushions, or pillows in my baby's crib or bed
- d. Place my baby's crib, bassinet, or portable crib in my room

Used by: AL62, DE55, IA51, KS50, KY53, NH48, NJ63, NM56, PR50, SC54, WY46

**F6. Did you get information about how to place your baby to sleep during any of the following times?** For each one, check **No** or **Yes**.

**No**    **Yes**

- a. During a prenatal care visit
- b. In the hospital, when my baby was born
- c. During my baby's healthcare visit
- d. During a postpartum care visit
- e. Other: Please tell us:

Used by: KS51, KY54, MD48, PA51, TN53, WV56

**F7. Did you get information about how to place your new baby to sleep from any of the following sources?** For each one, check **No** or **Yes**.

**No**    **Yes**

- a. My family doctor
- b. My OB/GYN
- c. A nurse or midwife
- d. Doula or a childbirth educator
- e. My baby's doctor or healthcare provider
- f. Websites or apps about pregnancy or infant care
- g. Social media (such as Facebook, Instagram, TikTok)
- h. Other sources: Please tell us:

Used by: GA48, IL50, KS52, KY55, NM57, OK42, PA52, TN54

## Injury Prevention/Safety

### General

#### Standard Questions

**S1. Listed below are some statements about safety.** For each one, check **No** if it does not apply to you or **Yes** if it does.

**No**    **Yes**

- a. I always used a seatbelt during my most recent pregnancy
- b. My home has a working smoke alarm
- c. My home has a working carbon monoxide detector
- d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born

Used by: GA68, MN79, TN76, WY69

**S13. Have you ever heard or read about what can happen if a baby is shaken?**

- No
- Yes

Used by: PA45, TN47

**S20. During the 12 months before your new baby was born, did a healthcare provider talk to you about getting your household water tested for any of the following things?** For each one, check **No** or **Yes**.

**No      Yes**

- a. Arsenic
- b. Lead
- c. Other contaminants: Please tell us:

Used by: NH67

Site-specific Questions

**ME76. Which of the following do you think is the most common cause of lead poisoning in children?** Check ONE answer

- Drinking water
- Dust from paint
- Food
- Toys
- I don't know or I am unsure

**ME77. Please tell us about the home you live in now. Was the building built before 1950?**

- No
- Yes
- I don't know or I am unsure

**PA66. (Modified NN5.) During any of your prenatal care visits, did a healthcare provider talk with you about any of the things listed below?** Please count only discussions, not reading materials or videos. For each one, check **No** or **Yes**.

**No      Yes**

- a. How me being exposed to lead could affect my baby
- b. How using pesticides, which are chemicals to kill insects, rodents, or weeds during pregnancy, could affect my baby

- c. How using water bottles or other bottles made of polycarbonate plastic (BPA, recycle #7) during pregnancy could affect my baby
- d. How eating fish with high levels of mercury during pregnancy could affect my baby

## Firearms

### Standard Questions

**S21. Are any firearms kept in or around your home now?**

- No
- Yes
- I don't know

Used by: VA83, WA77

**S22. Are any of these firearms now loaded?**

- No
- Yes
- I don't know

Used by: VA84, WA78

**S23. Are any of these loaded firearms also unlocked?** Unlocked meaning you do not need a key, combination, or hand/fingerprint to get the gun or to fire it. Do not count a safety as a lock.

- No
- Yes
- I don't know

Used by: VA85, WA79

## Infant Car Seat Use

### Standard Questions

**S6. When riding in a car, truck, or van, how often does your baby ride in an infant car seat?**

- Always
- Often
- Sometimes
- Rarely

Never

Used by: MA82, OK61, PR72

**S10. Do you have an infant car seat that you can use for your new baby?**

No  
Yes

Used by: MA80

**S12. How did you learn to install and use your infant car seat?** Check ALL that apply

- I read the instructions
- A friend or family member showed me
- A health or safety professional showed me
- I figured it out myself
- I already knew how to install it because I have other children
- Some other way: Please tell us:

Used by: MA81

## Maternal Childhood Experiences

Standard Questions

**LL1. The next questions are about things that may have happened to you during your childhood, before your 18th birthday.** For each one, check **No** or **Yes**.

**No      Yes**

- a. Did you live with someone who was depressed, mentally ill, or suicidal?
- b. Did you live with someone who had a problem with alcohol or drug use?
- c. Were you separated from a parent or guardian because they went to jail, prison, or a detention center?
- d. Did your parents or other adults in your home slap, hit, kick, punch, or beat each other up?
- e. Did a parent or other adult in your home hit, beat, kick, or physically hurt *you* in any way?
- f. Did a parent or other adult in your home swear at you, insult you, or put you down?
- g. Did an adult or person at least 5 years older than you ever make you do sexual things that you didn't want to do (such as kissing, touching, or having sexual intercourse)?
- h. Was there an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?



- i. Was there an adult in your household who tried hard to make sure you felt loved, supported, valued, and like you were special to them?
- j. Did you feel that you were treated badly or unfairly because of your race, ethnicity, or skin color?
- k. Did you feel that you were treated badly or unfairly because you are or people think you are LGBTQIA+? This could include being treated badly because of who you're sexually attracted to or because you express your gender in a way that is different than what people expect.
- l. Did you see someone get physically attacked, beaten, stabbed, or shot in your neighborhood?
- m. Were your parents or guardians divorced or separated?

Used by: DE77, IL80, IA79, ME75, NV62, SC77, SD75, TX83, VA86, WI78

**LL2. These questions are about things that may have happened to you during your childhood, before your 18th birthday.** For each one, check **No** or **Yes**.

**No    Yes**

- a. Did you feel that you were able to talk to an adult in your family or other caring adult about your feelings?
- b. Did you feel that you were able to talk to a friend about your feelings?
- c. Did you feel a sense of belonging in high school?

Used by: SC78, TX84

## Maternal Health – General

Core Question

**12. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

**No    Yes**

- a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension
- c. Depression
- d. Anxiety
- e. *Site-added options from Standard L11*

Standard Questions

**L11. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

**No    Yes**

- e. Asthma
- f. Anemia (poor blood, low iron)
- g. Epilepsy (seizures)
- h. Thyroid problems
- i. PCOS (polycystic ovarian syndrome)

Used by: AK3, AZ5, CT3, DE4, HI5, IA3, ME5, MI5, MO3, MP3, MS5, MT3, ND4, NJ3, NYC3, NY3, PA4, PR3, RI5, UT6, WA3, WI5, WV3

**Note: Response options for L11 are added directly to Core 4 and/or Core 15 if selected.**

**L10. Before you got pregnant, would you say that, in general, your health was...?**

- Excellent
- Very good
- Good
- Fair
- Poor

Used by: IN5, ND3, TX3

## Maternal Hospital Stay

Standard Questions

**II4. When was your new baby born?**

Month/Day/Year

Used by: AZ39, DC37, HI40, IA39, LA47, NJ47, NYC39, PA37, SD41, TX40, VA49, VT38

## Maternal Nutrition

Weight and Diet

Core Question

5. **During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

No Yes

**Talk to me about...**

- a. My weight

11. **During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

No Yes

**Talk to me about...**

- d. How much weight I should gain during pregnancy

45. **During your postpartum checkup, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

No Yes

**Talk to me about...**

- a. Healthy eating, exercise, and losing weight gained during pregnancy

Standard Question

L26. **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 one, check **No** or **Yes**.

No Yes

- a. I was dieting (changing my eating habits) to lose weight

Used by: DE3, SC3

II2. **How tall are you without shoes?** Write ONE answer

\_\_\_ feet & \_\_\_ inches

**OR** \_\_\_ centimeters

Used by: HI2, LA2, MI2

II3. **Just before you got pregnant with your new baby, how much did you weigh?** Write ONE answer

\_\_\_\_ pounds **OR** \_\_\_\_ kilos

Used by: AZ2, HI3, LA3, MI3

Site-specific Questions

**ND64. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider talk to you about healthy eating or nutrition?**

No  
Yes

Vitamin Use and Folic Acid

Standard Questions

**G5. During the *last 3 months* of your most recent pregnancy, 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 at all  
1 to 3 times a week  
4 to 6 times a week  
Every day of the week

Used by: AL20, MP15

**G8. During the *month before* you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins? Check ALL that apply**

I wasn't planning to get pregnant  
I didn't think I needed to take vitamins  
I didn't want to take vitamins  
The vitamins were too expensive  
The vitamins gave me side effects (such as nausea or constipation)  
Other: Please tell us:

Used by: SC6, TN5

**G9. 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 at all  
1 to 3 times a week

4 to 6 times a week  
Every day of the week

Used by: AL4, AR4, AZ6, DE5, GA4, IN7, KS4, LA6, ME6, MN5, MO4, NJ4, OR6, SC5, TN4, TX5, UT5

## Food Insufficiency

### Core Questions

**51. Please tell us how often each of the following happened during the 12 months before your new baby was born.**

**a. I worried whether my food would run out before I got money to buy more.**

Often  
Sometimes  
Never

**b. The food that I bought just didn't last, and I didn't have money to get more.**

Often  
Sometimes  
Never

### Standard Questions

**P14. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

No  
Yes

Used by: AR53

**P17. During the 12 months before your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?**

No  
Yes

Used by: AL46, NH34

**P20. During the 12 months before your new baby was born, which of these statements best describes the food in your household?** Check ONE answer

- Enough of the kinds of food I wanted to eat
- Enough, but not always the kinds of food I wanted to eat
- Sometimes not enough to eat
- Often not enough to eat

Used by: MN38, VA44

**P21. Why didn't you have enough to eat?** Check ALL that apply

- I couldn't afford to buy more food
- I couldn't get out to buy food (for example, didn't have transportation or had mobility or health problems that kept me from getting out)
- I was afraid or didn't want to go out to buy food
- I couldn't get groceries or meals delivered
- The stores didn't have the food I wanted

Used by: VA45

**P22. During the 12 months before your new baby was born, how often were you unable to afford to eat balanced meals?** A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit, and some protein like meat, fish, cheese, or eggs.

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: ND35

Site-specific Questions

**ND64. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider talk to you about healthy eating or nutrition?**

- No
- Yes

## Mental Health

### Core Questions

- 3. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.
- No    Yes**
- c. Depression
  - d. Anxiety
- 4. In the 12 months before you got pregnant with your new baby, did you have any of the following healthcare visits?** For each one, check **No** or **Yes**.
- No    Yes**
- f. Visit for depression or anxiety
- 5. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.
- No    Yes**
- Ask me...**
- i. If I felt depressed or anxious
- 11. During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.
- No    Yes**
- Talk to me about...**
- d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born
- 15. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?** For each one, check **No** or **Yes**.
- No    Yes**
- c. Depression
  - d. Anxiety
- 45. During your postpartum checkup, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**Talk to me about...**

- f. What to do if I feel depressed or anxious
- A healthcare provider...**
- j. Prescribed me medication for depression or anxiety

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

**48. Since your new baby was born, how often have you felt nervous, anxious, or on edge?**

- Always
- Often
- Sometimes
- Rarely
- Never

**49. Since your new baby was born, how often have you not been able to stop or control worrying?**

- Always
- Often
- Sometimes
- Rarely
- Never



**50. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods?** For each one, check **No** or **Yes**.

**No Yes**

- a. During my most recent pregnancy
- b. Since my new baby was born

Standard Questions

**DRUG2. During the *month before* you got pregnant, did you take or use any of the following medications or drugs for any reason?** Your answers are strictly confidential. For each one, check **No** or **Yes**.

**No Yes**

- a. Medication for depression
- b. Medication for anxiety

Used by: HI67, SD68, WY68

**DRUG3. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?** Your answers are strictly confidential. For each one, check **No** or **Yes**.

**No Yes**

- a. Medication for depression
- b. Medication for anxiety

Used by: AZ67, DC69, HI68, IN73, MA72, MO65, MP69, NH69, NM77, NV57, PA70, PR69, SD69, VT73, WI66, WV75

**J6. Since your new baby was born, have you received follow-up care for any of the following health conditions?** For each item, check **No** if you didn't get it, **Yes** if you did get it, or **N/A** if you didn't have the condition.

**No Yes N/A**

- c. Depression
- d. Anxiety

Used by: AR72, CT55, KS62, KY62, MD55, MS60, NE57, NYC59, SC61, VT55, WV64

**L18. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?** For each one, check **No** or **Yes**.

**No    Yes**

- c. Getting counseling or treatment for depression or anxiety

Used by: MN9

**M4. At any time during your most recent pregnancy, did you ask for help for depression from a healthcare provider?**

- No  
Yes

Used by: AR30, IA20, KY21, MA26, RI25, TN25

**M5. Since your new baby was born, has a healthcare provider told you that you had depression?**

- No  
Yes

Used by: CT61, DC63, IL63, KY69, MA66, MN69, NY65, PR64, RI67, TN67, TX65

**M6. Since your new baby was born, have you asked for help for depression from a healthcare provider?**

- No  
Yes

Used by: IA64, KY68, MA65, NY64, RI66, TN66

**M7. How would you describe the time during your most recent pregnancy?** Check ONE answer

- One of the happiest times of my life  
A happy time with few problems  
A moderately hard time  
A very hard time  
One of the worst times of my life

Used by: KY74, NH68

**M8. At any time *during* your most recent pregnancy, did you take prescription medicine for your depression?**

No  
Yes

Used by: KY23, RI27

**M9. At any time *during* your most recent pregnancy, did you get counseling for your depression?**

No  
Yes

Used by: KY22, RI26

**M10. Since your new baby was born, have you taken prescription medicine for your depression?**

No  
Yes

Used by: IL65, KY71, MN71, NY67, RI69

**M11. Since your new baby was born, have you gotten counseling for your depression?**

No  
Yes

Used by: IL64, KY70, MA67, MN70, NY66, RI68

**M14. At any time *during* your most recent pregnancy, did you *ask for help* for anxiety from a healthcare provider?**

No  
Yes

Used by: AR31, MA27, RI28, TN26

**M15. Since your new baby was born, has a healthcare provider told you that you had anxiety?**

- No
- Yes

Used by: NM70, PR65, RI71, TX66

**M16. Since your new baby was born, have you asked for help for anxiety from a healthcare provider?**

- No
- Yes

Used by: MA68, NH61, RI70, TN68

**M17. At any time during your most recent pregnancy, did you take prescription medicine for your anxiety?**

- No
- Yes

Used by: NH19, RI30

**M18. At any time during your most recent pregnancy, did you get counseling for your anxiety?**

- No
- Yes

Used by: RI29

**M19. Since your new baby was born, have you taken prescription medicine for your anxiety?**

- No
- Yes

Used by: RI73

**M20. *Since your new baby was born, have you gotten counseling for your anxiety?***

No  
Yes

Used by: NM71, RI72

**M22. *Since your new baby was born, have you felt that you've needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?***

No  
Yes

Used by: CT62, DC64, DE66, IN68, KS68, MD61, ME57, MP62, MT67, NE63, NH62, NYC65, NY68, OK53, OR57, RI74, SC67, SD63, TN69, TX67, VT61, WA61, WI61, WV70, WY62

**M23. *Were you able to get the mental health services that you needed?***

No

Yes

Used by: CT63, DC65, DE67, IN69, KS69, MD62, ME58, MP63, MT68, NE64, NH63, NYC66, NY69, OK54, OR58, RI75, SC68, SD64, TN70, TX68, VT62, WA62, WI62, WV71, WY63

**M24. Which of these statements explains why you did not get the mental health services you needed?** Check ALL that apply

- I couldn't afford the cost
- I couldn't get an appointment as soon as I needed
- My health insurance doesn't cover any type of mental health services
- My health insurance doesn't pay enough for mental health services
- I didn't know where to go to get services
- I was concerned that the information I shared might not be kept confidential
- I didn't want others to find out that I needed treatment
- I was concerned that I might be committed to a psychiatric hospital
- I was concerned that I might have to take medicine
- I had no transportation, treatment was too far away, or the hours were not convenient
- I didn't have time (because of a job, childcare, or other commitments)
- Other: Please tell us:

Used by: DC66, DE68, IN70, KS70, NE65, NH64, NYC67, NY70, OK55, OR59, RI76, SD65, TN71, TX69, VT63, WA63, WI63, WV72, WY64

**V1. During your most recent pregnancy, did you get any of these services?** For each one, check **No** or **Yes**.

**No    Yes**

- b. Counseling for depression or anxiety

Used by: AZ68

Site-specific Questions

**IA70. The following statements are about your emotional well-being during your most recent pregnancy.** For each one, check **No** if it did not happen to you or **Yes** if it did.

**No    Yes**

- a. A healthcare provider talked to me about postpartum depression
- b. A healthcare provider told me that I had depression
- c. A healthcare provider recommended that I take a prescription medication for depression
- d. I took medication for depression
- e. A healthcare provider recommended that I get counseling for depression

- f. I received counseling for depression

**IA71. The following statements are about your emotional well-being since your new baby was born.** For each one, check **No** or **Yes**.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. A healthcare provider told me that I had depression                                    |           |            |
| b. A healthcare provider recommended that I take a prescription medication for depression |           |            |
| c. I took medication for depression   |           |            |
| d. A healthcare provider recommended that I get counseling for depression                 |           |            |
| e. I received counseling for depression   |           |            |

## Maternal Morbidity

### Preconception

#### Core Question

**3. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Type 1 or Type 2 diabetes ( <b>not</b> gestational diabetes or diabetes that starts during pregnancy) |           |            |
| b. High blood pressure or hypertension   |           |            |
| c. Depression  |           |            |
| d. Anxiety   |           |            |
| e. <i>Site-added options from Standard L11</i>   |           |            |

#### Standard Questions

**L11. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check **No** if you did not have the condition or **Yes** if you did.

- |                                       | <b>No</b> | <b>Yes</b> |
|---------------------------------------|-----------|------------|
| e. Asthma                             |           |            |
| f. Anemia (poor blood, low iron)      |           |            |
| g. Epilepsy (seizures)                |           |            |
| h. Thyroid problems                   |           |            |
| i. PCOS (polycystic ovarian syndrome) |           |            |

Used by: AK3, AZ5, CT3, DE4, HI5, IA3, ME5, MI5, MO3, MP3, MS5, MT3, ND4, NJ3, NYC3, NY3, PA4, PR3, RI5, UT6, WA3, WI5, WV3

**Note: Response options for L11 are added directly to Core 4 if selected.**

**L26. 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 one, check **No** or **Yes**.

- No      Yes**
- d. A healthcare provider checked me for diabetes

Used by: DE3, SC3

**O8. Have you regularly monitored your blood pressure at home or outside of a healthcare visit during any of the following time periods?** For each time period, check **No** or **Yes**.

- No      Yes**
- a. During the 12 months before my most recent pregnancy

Used by: CT71, TN79

## Prenatal

### Core Question

**15. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?** For each one, check **No** or **Yes**.

- No      Yes**
- a. Gestational diabetes (diabetes that started during this pregnancy)  
b. High blood pressure (that started during this pregnancy), pre-eclampsia, or eclampsia  
c. Depression  
d. Anxiety  
e. *Site-added options from Standard L11*

**16. During your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure?** For each one, check **No** or **Yes**.

- No      Yes**
- a. Refer me to a different healthcare provider  
b. Tell me to regularly check my blood pressure **during** pregnancy  
c. Talk to me about getting to a healthy weight **after** pregnancy  
d. Talk to me about regularly checking my blood pressure **after** pregnancy  
e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease **after** pregnancy

## Standard Questions



**L11. During your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?** For each one, check **No** or **Yes**.

**No      Yes**

- e. Asthma
- f. Anemia (poor blood, low iron)
- g. Epilepsy (seizures)
- h. Thyroid problems
- i. PCOS (polycystic ovarian syndrome)

Used by: AZ22, CT18, DE27, HI20, MP21, MS21, ND20, NJ28, NY18, RI23, UT25, WA21

**Note: Response options for L11 are added directly to Core 15 if selected.**

**N1. At any time during your most recent pregnancy, did a healthcare provider tell you to stay in bed for at least 1 week?**

No  
Yes

Used by: AL31, KY26

**N2. How many weeks or months pregnant were you when you were told to stay in bed?** Write ONE answer

\_\_\_\_ week(s) **OR**  
\_\_\_\_ month(s)

Used by: KY27

**N3. How often were you able to follow your healthcare provider's instruction to stay in bed?**

Always  
Often  
Sometimes  
Rarely  
Never

Used by: AL32, KY28

**N4. What types of support would have helped you to stay in bed for the recommended time?**

For each one, check **No** or **Yes**.

**No**    **Yes**

- a. Help with childcare
- b. Help with housework
- c. Knowing I wouldn't lose my job
- d. Money to make up for not working
- e. Other: Please tell us:

Used by: AL33, KY29

**N7. During your most recent pregnancy, when you were told that you had gestational diabetes, did a healthcare provider do any of the things listed below?** For each one, check **No** or **Yes**.

**No**    **Yes**

- a. Refer me to a nutritionist
- b. Talk to me about the importance of exercise
- c. Talk to me about getting to a healthy weight after delivery
- d. Talk to me about my risk for Type 2 diabetes

Used by: SC22

**N9. Did you have any of the following problems during your most recent pregnancy?** For each one, check **No** or **Yes**.

**No**    **Yes**

- a. Vaginal bleeding
- b. Kidney or bladder (urinary tract) infection (UTI)
- c. **Severe** nausea, vomiting, or dehydration that sent me to the doctor or hospital
- d. Cervix had to be sewn shut (cerclage for incompetent cervix)
- e. Problems with the placenta (such as abruptio placentae or placenta previa)
- f. Labor pains more than 3 weeks before my baby was due (preterm or early labor)
- g. Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])
- h. I had to have a blood transfusion
- i. I was hurt in a car accident

Used by: AL30, AR34, MS25, NE20

**O7. Did you experience any of the following things during your pregnancy or after your baby was born?** For each one, check **No** or **Yes**.

No Yes

- a. I felt something wasn't right with my health
- b. I felt my concerns for my health weren't taken seriously
- c. I felt my doctor ignored my concerns about my health or symptoms

Used by: CT70, MA79, MN81, NJ80, PA72, SC72, TN78, TX74

**O8. Have you regularly monitored your blood pressure at home or outside of a healthcare visit during any of the following time periods?** For each time period, check **No** or **Yes**.

No Yes

- b. During my most recent pregnancy

Used by: CT71, TN79

**R13. At any time *during* your most recent pregnancy, did your regular prenatal care provider ask you to see a *specialist doctor* for help with any health problems?**

No  
Yes

Used by: VA20

Site-specific Questions

**IL72. *During your most recent pregnancy or since your new baby was born, have you gone to the hospital emergency room or an urgent care clinic for complications related to your pregnancy, your delivery, or your postpartum recovery?***

No  
Yes

Postpartum

Standard Questions

**J6. *Since your new baby was born, have you received follow-up care for any of the following health conditions?*** For each item, check **No** if you didn't get it, **Yes** if you did get it, or **N/A** if you didn't have the condition.

No Yes N/A

- e. Diabetes

- f. Hypertension (high blood pressure)
- g. Depression
- h. Anxiety
- i. Heart conditions (e.g., birth defects of the heart, fast or skipped heartbeat, heart failure, enlarged heart, heart attack, chest pain, heart transplant, pacemaker)

Used by: AR72, CT55, KS62, KY62, MD55, MS60, NE57, NYC59, SC61, VT55, WV64

**07. Did you experience any of the following things *during* your pregnancy or *after* your baby was born?** For each one, check **No** or **Yes**.

**No      Yes**

- a. I felt something wasn't right with my health
- b. I felt my concerns for my health weren't taken seriously
- c. I felt my doctor ignored my concerns about my health or symptoms

Used by: CT70, MA79, MN81, NJ80, PA72, SC72, TN78, TX74

**08. Have you regularly monitored your blood pressure at home or outside of a healthcare visit during any of the following time periods?** For each time period, check **No** or **Yes**.

**No      Yes**

- c. Since my new baby was born

Used by: CT71, TN79

### Site-specific Questions

**IL72. *During your most recent pregnancy or since your new baby was born, have you gone to the hospital emergency room or an urgent care clinic for complications related to your pregnancy, your delivery, or your postpartum recovery?***

No  
Yes

## Maternal Warning Signs

### Core Questions

**17. *During your most recent pregnancy, did you get information about "warning signs" you should watch for during and after your pregnancy that require immediate medical***

**attention?** Some of these “warning signs” include fever, frequent or severe headaches, dizziness, or severe stomach pain.

No  
Yes

**18. During your most recent pregnancy, did you get information about warning signs from any of the following sources?** For each one, check **No** or **Yes**.

**No Yes**

- a. A healthcare provider (such as a doctor, nurse, or midwife)
- b. Websites or social media (such as Facebook, Instagram, or Twitter)
- c. Any source of information that used the slogan “**Hear Her**” (such as websites, social media, or paper handouts)
- d. Family or friends

**45. During your postpartum checkup, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No Yes**

**Talk to me about...**

- d. Warning signs of medical problems I might be at risk for due to my pregnancy

Standard Questions

**O9. Since your new baby was born, have you received information about warning signs of postpartum complications from any of the following sources?** For each one, check **No** or **Yes**.

**No Yes**

- a. A healthcare provider (such as a doctor, nurse, or midwife)
- b. Websites or social media (such as Facebook, Instagram, or Twitter)
- c. Any source of information that used the slogan “**Hear Her**” (such as a website, social media, or paper handout)
- d. Family or friends

Used by: MD68, PA74, TN81, TX76, VT74, WY70

**O10. Did a healthcare provider talk with you about the warning signs of both pregnancy and postpartum complications during any of the following time periods?** For each time period, check **No** or **Yes**.

**No Yes**

- a. During the 12 months before my most recent pregnancy
- b. During my most recent pregnancy
- c. During my labor and delivery hospital stay
- d. Since my new baby was born

Used by: MD68, PA74, TN81, TX76, VT74, WY70

## Occupational Status & Workplace Leave

### Standard Questions

**C4. At any time *during* your most recent pregnancy, did you work at a job for pay?**

- No
- Yes

Used by: DC70, GA66, IN74, LA75, MA73, ME61, MN74, MP70, MT71, ND68, NE69, NH71, NM78, NYC70, NY73, RI82, UT72, VA75, WA73, WI69

**C7. Have you returned to the job you had *during* your most recent pregnancy? Check ONE answer**

- No, and I don't plan to return
- No, but I will be returning
- Yes

Used by: GA67, LA78, MA77, ME65, MN78, MT73, ND73, RI85, VA77

**C8. Did you take leave from work *after* your new baby was born? Check ALL that apply**

- Yes, I took *paid* leave from my job
- Yes, I took *unpaid* leave from my job
- Site-specific options (Leave or disability programs)*
- No, I didn't take any leave

Used by: DC71, IN75, LA76, MA74, ME62, MN75, MP71, MT72, ND69, NH72, NM79, NYC71, NY74, RI83, VA76, WA74, WI70

**C9. How did you feel about the amount of time you were able to take off *after* the birth of your new baby? Check ONE answer**

- Too little time

Just the right amount of time  
Too much time

Used by: ND71, RI84

**C10. Did any of the following things affect your decision about taking leave from work *after* your new baby was born?** For each item, check **No** or **Yes**.

**No**    **Yes**

- a. I couldn't financially afford to take leave
- b. I was afraid I'd lose my job if I took leave or stayed out longer
- c. I had too much work to do to take leave or stay out longer
- d. My job doesn't have paid leave
- e. My job doesn't offer a flexible work schedule
- f. I hadn't built up enough leave time to take any or more time off

Used by: DC73, IN76, LA77, MA76, ME64, MN77, ND72, NYC73, NY76, UT73, WA75

**C11. *After* your new baby was born, did your spouse or partner take time off from work?** Check ONE answer

- No, they didn't take leave from work
- Yes, they took *paid* leave from work
- Yes, they took *unpaid* leave from work
- Yes, they took *paid and unpaid* leave from work
- My spouse or partner didn't work at a job for pay
- I didn't have a spouse or partner

Used by: DC74, MT74, ND74

**C14. How many weeks or months of leave, in total, did you take or will you take?** Write ONE answer

Less than 1 week  
\_\_\_\_ week(s) **OR** \_\_\_\_ month(s)

Used by: DC72, MA75, ME63, MN76, ND70, NYC72, NY75, WI71

## Oral Health

Core Questions

4. **In the 12 months before you got pregnant with your new baby, did you have any of the following healthcare visits?** For each one, check **No** or **Yes**.

No Yes

- g. Visit to have my teeth cleaned

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

No

Yes

Standard Questions

Y3. **Since your new baby was born, have you had your teeth cleaned by a dentist or dental hygienist?**

No

Yes

Used by: MD69

Y5. **During your most recent pregnancy, what kind of problem did you have with your teeth or gums?** For each one, check **No** or **Yes**.

No Yes

- a. I had cavities that needed to be filled
- b. I had painful, red, or swollen gums
- c. I had a toothache
- d. I needed to have a tooth pulled
- e. I had an injury to my mouth, teeth, or gums
- f. I had some other problem with my teeth or gums: Please tell us:

Used by: AR23

Y6. **Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy?** For each one, check **No** or **Yes**.

No Yes

- a. I couldn't find a dentist or dental clinic that would take pregnant patients
- b. I couldn't find a dentist or dental clinic that would take Medicaid patients
- c. I didn't think it was safe to go to the dentist during pregnancy
- d. I couldn't afford to go to the dentist or dental clinic
- e. I couldn't find a dentist or dental clinic close by that I could get to



Used by: AZ19, CO21, DC18, DE23, HI18, IL17, IA17, MA20, MD19, MN22, MO21, ND19, NH16, NM18, NYC21, NY16, PR16, RI21, SD21, TX20, UT24, WV19

**Y7. The following statements are about the care of your teeth *during* your most recent pregnancy.** For each one, check **No** or **Yes**.

**No      Yes**

- a. I knew it was important to care for my teeth and gums during my pregnancy
- b. A dental or other healthcare provider talked with me about how to care for my teeth and gums
- c. I knew it was safe to go to the dentist during pregnancy
- 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**

Used by: AR22, CO20, DC17, HI17, IA16, MA19, MN21, ND18, NH15, RI20, TX19, VA25, WI19, WV18

**Y8. Did you get treatment from a dentist or another healthcare provider for the dental problem that you were having during your pregnancy?** Check ONE answer

No

Yes, I got treatment *during* my pregnancy

Yes, I got treatment *after* my pregnancy

Yes, I got treatment both *during* and *after* my pregnancy

Used by: AR24

Site-specific Question

**AZ19. (Y6) Did any of the following things make it hard for you to go to a dentist or dental clinic *during* your most recent pregnancy?** For each one, check **No** or **Yes**.

**No      Yes**

- l. I have a fear of dentist

**WA70. (Modified Y6) Did any of the following things make it hard for you to go to a dentist or dental clinic *during* your most recent pregnancy?** For each one, check **No** or **Yes**.

**No      Yes**

- a. I couldn't find a dentist or dental clinic that would take pregnant patients
- b. I couldn't find a dentist or dental clinic that would take Medicaid patients

- c. I didn't think it was safe to go to the dentist during pregnancy
- d. I couldn't afford to go to the dentist or dental clinic
- e. I didn't need to see a dentist for a problem

## Pacifier Use

Site-specific Question

**CO68. The next questions are about pacifier use in the hospital.** For each one, check **No** or **Yes**.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. Did you give your baby a pacifier in the hospital to calm them?                  |           |            |
| b. Did your baby use a pacifier in the hospital during a painful medical procedure? |           |            |

## Parent and Infant Demographics

Infant

Standard Question

**II4. When was your new baby born?**

Month/Day/Year

Maternal

Core Question

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

Month/Day/Year

Standard Questions

**PP1. How would you describe your gender?**

Female

Male

Transgender

Genderqueer or gender nonconforming

Prefer to self-describe: Please tell us:

Used by: CO2, IL2, IN2, MA2, ME2, MN2, NYC2, OR2, PA2, RI2, UT2, VA2, VT2, WI2

**PP2. How would you describe your sexual orientation?**

Heterosexual or "straight"

Lesbian or Gay

Bisexual

Prefer to self-describe: Please tell us:

Used by: AZ3, CO3, IL3, IN3, MA3, ME3, NM2, OR3, RI3, UT3, VA3, VT3, WI3

Site-specific Questions

**NM72. Which one of these *best* describes you?** Check ONE answer

American Indian or Alaska Native

Asian

Black or African American

Hispanic, Spanish, or Latina

Native Hawaiian or Other Pacific Islander

White

Other: Please tell us:

**NM73. Are you a member of an American Indian tribe?**

No

Yes: Please tell us:

**ND60. Are you a member of an American Indian tribe?**

No

Yes

Used by: ND60, WY74

**ND61. What is your tribal enrollment or primary tribal affiliation?** Check ONE answer

Three Affiliated Tribes (also known as MHA Nation, Mandan, Hidatsa, Arikara Nation, TAT, Nueta, and Sanhish)

Spirit Lake Tribe (also known as Santee Dakota, Devils Lake Sioux, Dakota Sioux, Mni Wakan Oyate, and Dakota)

Hunkpapa Lakota (also known as Standing Rock Sioux tribe, Lakota, Hunkpapa, Sioux, Húnkpapha, and Teton)

Turtle Mountain Band of Chippewa Indians (also known as Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saulteaux, Cree, and Metis)

Other: Please tell us:

**ND62. Is your baby a member of an American Indian tribe?**

No

Yes

**ND63. What is your baby's tribal enrollment or primary tribal affiliation?** Check ONE answer

Three Affiliated Tribes (also known as MHA Nation, Mandan, Hidatsa, Arikara Nation, TAT, Nueta, and Sanhish)

Spirit Lake Tribe (also known as Santee Dakota, Devils Lake Sioux, Dakota Sioux, Mni Wakan Oyate, and Dakota)

Hunkpapa Lakota (also known as Standing Rock Sioux tribe, Lakota, Hunkpapa, Sioux, Húnkpapha, and Teton)

Turtle Mountain Band of Chippewa Indians (also known as Chippewa, Turtle Mountain Chippewa, Anishinabe, Ojibwa, Ojibway, Ojibwe, Saulteaux, Cree, and Metis)

Other: Please tell us:

**WY75. What is your tribal enrollment or your tribal affiliation?**

Eastern Shoshone

Northern Arapahoe

Sioux

Crow

Northern Cheyenne

Shoshone Bannock

Other: Please tell us:

## Parental Relationship & Support

### Standard Questions

**P1. When you got pregnant, did your new baby's father live with you?**

- No
- Yes

Used by: OH78

**P2. When you got pregnant, what relationship did you have with your new baby's father?**

Check ONE answer

- He was my husband (legally married)
- He was my partner (not legally married)
- He was my boyfriend
- He was a friend
- Other: Please tell us

Used by: OH77

**W8. Please choose the statement that best describes your current living arrangement with your spouse or partner.**

- Lives with me all of the time
- Lives with me some of the time
- Doesn't live with me
- I don't have a spouse or partner

Used by: NH82

**W9. Since your new baby was born, how often does your spouse or partner provide you with encouragement and emotional support?**

- Always
- Often
- Sometimes
- Rarely
- Never
- I don't have a spouse or partner

Used by: CT73, IL75, RI90

**W10. *Since your new baby was born, how often does your baby’s father or other parent contribute things such as money, food, clothing, shelter, or healthcare to provide for your new baby’s basic needs?***

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: IA74, IN77, NE70, NM80, OK60, OR65, VA82

**W11. *When your new baby’s father, or other parent, is with the baby, how often do they hug, kiss, hold, or play with the baby?***

- Always
- Often
- Sometimes
- Rarely
- Never

My new baby’s father, or other parent, doesn’t regularly spend time with my baby

Used by: TX82

#### Site-specific Questions

**CT76. *When your new baby’s father is with your baby, how often does he hug, kiss, hold, or play with the baby?***

- Always
- Often
- Sometimes
- Rarely
- Never

My new baby’ father doesn’t regularly spend time with my baby

## Physical Activity

### Standard Questions

**L26. 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.

- |  |           |            |
|--|-----------|------------|
|  | <b>No</b> | <b>Yes</b> |
| b. I was exercising 3 or more days of the week for fitness outside of my regular job |           |            |

Used by: DE3, SC3

## Preconception Care and Readiness

### Core Questions

**3. In the 12 months before you got pregnant with your new baby, did you have any of the following healthcare visits?** For each one, check **No** or **Yes**.

- |   |           |            |
|---|-----------|------------|
|   | <b>No</b> | <b>Yes</b> |
| a. Regular checkup with a family doctor               |           |            |
| b. Regular checkup with an OB/GYN                     |           |            |
| c. Visit for an injury, illness, or chronic condition |           |            |
| d. Visit to urgent care or the emergency room         |           |            |
| e. Visit for family planning or to get birth control  |           |            |
| f. Visit for depression or anxiety                    |           |            |
| g. Visit to have my teeth cleaned                     |           |            |
| h. Other: Please tell us:                             |           |            |

**5. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

- |   |           |            |
|---|-----------|------------|
|   | <b>No</b> | <b>Yes</b> |
| <b>Talk to me about...</b>  |           |            |
| b. My weight  |           |            |
| c. Regularly checking my blood pressure   |           |            |
| d. My desire to have or not have children   |           |            |
| e. Birth control methods  |           |            |
| f. How I could improve my health before a pregnancy                                 |           |            |
| g. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV   |           |            |
| <b>Ask me...</b>  |           |            |
| h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco |           |            |
| i. If someone was hurting me emotionally or physically                              |           |            |
| j. If I felt depressed or anxious   |           |            |

Standard Questions

**J5. Why didn't you have any healthcare visits in the 12 months before you got pregnant with your new baby?** Check ALL that apply

I didn't know I needed one

I didn't have enough money or insurance to pay for the visit

I felt fine and didn't think I needed to have a visit

I couldn't get an appointment when I wanted one

I didn't have any transportation to get to the clinic or doctor's office

I had too many other things going on

I couldn't take time off from work or school

I didn't have anyone to take care of my children

The doctor's office was too far away

Other: Please tell us:

Used by: DE7, KS6, MD5, MS7, NJ6, NYC6, NY5, PR5, RI7, UT8

**L18. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?** For each one, check **No** or **Yes**.

**No**    **Yes**

- a. Getting vaccines before pregnancy
- b. Getting counseling for any genetic diseases that run in my family
- c. Getting counseling or treatment for depression or anxiety
- d. The safety of using prescription or over-the-counter medicines during pregnancy
- e. How smoking during pregnancy can affect a baby
- f. How drinking alcohol during pregnancy can affect a baby
- g. How using drugs not prescribed to me during pregnancy can affect a baby

Used by: MN9

**L26. 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 one, check **No** or **Yes**.

**No**    **Yes**

- a. I was dieting (changing my eating habits) to lose weight
- b. I was exercising 3 or more days of the week for fitness outside of my regular job
- c. I was regularly taking prescription medicines other than birth control
- d. A healthcare provider checked me for diabetes
- e. I talked to a healthcare provider about my family medical history

Used by: DE3, SC3



**L27. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk to you about preparing for a pregnancy?**

- No
- Yes

Used by: DE9, MN8, MT6, RI9, SC9, UT10

#### Site-specific Questions

**ND64. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider talk to you about healthy eating or nutrition?**

- No
- Yes

**ND65. During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** Please include if they asked you on a written form or in a conversation. For each one, check **No** or **Yes**.

**No      Yes**

- a. Ask me if I was using marijuana
- b. Recommend that I use marijuana for any reason
- c. Advise me not to use marijuana
- d. Advise me not to breastfeed my baby if I was using marijuana

## Pregnancy Intention

### Core Question

**9. 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

### Standard Questions

**Q4. 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

Used by: NJ13, PA11

## Prenatal Care

### Core Questions

**10. Did you get prenatal care during your *most recent* pregnancy?**

- No
- Yes

**11. *During any of your prenatal care visits, did a healthcare provider do any of the following things?* For each one, check **No** or **Yes**.**

**No      Yes**

**Talk to me about...**

- a. How much weight I should gain during pregnancy
- b. Doing tests to screen for birth defects or diseases that run in my family
- c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)
- d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born

**Ask me...**

- e. If I planned to breastfeed my new baby
- f. If I planned to use birth control after my baby was born
- g. If I was taking any prescription medication
- h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco
- i. If I was drinking alcohol
- j. If someone was hurting me emotionally or physically
- k. If I was using illegal drugs
- l. If I was using marijuana
- m. If I wanted to be tested for HIV

### Standard Questions

**R19. How many weeks or months pregnant were you when you were *sure* you were pregnant?**

For example, you had a pregnancy test, or a healthcare provider said you were pregnant. Write ONE answer

- \_\_\_\_ week(s) **OR**
- \_\_\_\_ month(s)
- I don't remember

Used by: DE15, MI16

**R20. Did you get prenatal care as early in your pregnancy as you wanted?**

- No
- Yes

Used by: AK12, DC11, DE17, IN16, KS13, LA18, MD13, ME14, MN15, MO15, MS15, ND12, NJ17, NM13, NV12, RI15, SD15, TN16, TX14, UT19, WI13, WY12

**R21. Did any of these things keep you from getting prenatal care when you wanted it?** For each one, check **No** or **Yes**.

**No      Yes**

- a. I couldn't get an appointment when I wanted one
- b. I didn't have enough money or insurance to pay for my visits
- c. I didn't have any transportation to get to the clinic or doctor's office
- d. The doctor or my health plan wouldn't start care as early as I wanted
- e. I had too many other things going on
- f. I couldn't take time off from work or school
- g. I didn't have my Medicaid <or state Medicaid name> card
- h. I didn't have anyone to take care of my children
- i. I didn't know that I was pregnant
- j. I didn't want anyone else to know I was pregnant
- k. I didn't want prenatal care
- l. The doctor's office was too far away

Used by: AK13, DC12, DE18, IN17, KS14, LA19, MD14, MN16, MO16, MS16, ND13, NJ18, NV13, SD16, TN17, WI14, WY13

**R23. 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

Used by: MP19, NJ23

**R24. How many weeks or months pregnant were you when you had your first visit for prenatal care?** Write ONE answer

\_\_\_ week(s) **OR**  
\_\_\_ month(s)

Used by: AR17, AZ14, LA17, MI18, MS14, SD14, WA11

**CV1. During your most recent pregnancy, which types of *prenatal care* appointments did you attend?** Check ONE answer

- In-person appointments only
- Virtual appointments (video or telephone) only
- Both, in-person and virtual appointments
- I didn't have prenatal care

Used by: GA64, IL71, OK59, TX72

**CV2. What are the reasons that you did not attend virtual appointments for *prenatal care*?** For each one, check **No** or **Yes**.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Lack of availability of virtual appointments from my provider |           |            |
| b. Lack of an available telephone to use for appointments        |           |            |
| c. Lack of enough cellular data or cellular minutes              |           |            |
| d. Lack of a computer or device                                  |           |            |
| e. Lack of internet service or had unreliable internet           |           |            |
| f. Lack of a private or confidential space to use                |           |            |
| g. I preferred seeing my healthcare provider in person           |           |            |
| h. Other reason: Please tell us:                                 |           |            |

Used by: GA65, TX73

Site-specific Questions

**DE72. During any of your prenatal care visits, did healthcare provider talk with you about fetal (baby) kick counts and how to do them?** Please count only discussions, not reading materials or videos.

- No
- Yes

**IL73. During your most recent pregnancy or since your new baby was born, did you have to reschedule or skip a healthcare visit for yourself because you had no one to watch your child(ren)?**

- No
- Yes

**PA66. (Modified NN5.) During any of your prenatal care visits, did a healthcare provider talk with you about any of the things listed below?** Please count only discussions, not reading materials or videos. For each one, check **No** or **Yes**.

**No    Yes**

- a. How me being exposed to lead could affect my baby
- b. How using pesticides, which are chemicals to kill insects, rodents, or weeds during pregnancy, could affect my baby
- c. How using water bottles or other bottles made of polycarbonate plastic (BPA, recycle #7) during pregnancy could affect my baby
- d. How eating fish with high levels of mercury during pregnancy could affect my baby

## Postpartum Care

### Core Questions

**44. Since your new baby was born, have you had a postpartum checkup for yourself?** A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

- No
- Yes

**45. During your postpartum checkup, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

**No      Yes**

**Talk to me about...**

- e. Healthy eating, exercise, and losing weight gained during pregnancy
- f. How long to wait before getting pregnant again
- g. Birth control methods
- h. Warning signs of medical problems I might be at risk for due to my pregnancy
- i. Regularly checking my blood pressure
- j. What to do if I feel depressed or anxious

**Ask me...**

- k. If I was smoking cigarettes or using e-cigarettes (“vapes”) or other smokeless tobacco
- l. If someone was hurting me emotionally or physically

**A healthcare provider...**

- m. Tested me for diabetes
- n. Prescribed me medication for depression or anxiety

Standard Questions

**J3. Did any of these things keep you from having a postpartum checkup?** Check ALL that apply

- I didn’t know I needed one
- I didn’t have enough money or insurance to pay for the visit
- I felt fine and didn’t think I needed to have a visit
- I couldn’t get an appointment when I wanted one
- I didn’t have any transportation to get to the clinic or doctor’s office
- I had too many other things going on
- I couldn’t take time off from work or school
- I didn’t have anyone to take care of my children
- The doctor’s office was too far away
- Other: Please tell us:

Used by: AZ57, IL56, IA57, IN60, KS60, KY60, MD53, MI62, MN62, MO56, MS58, MT60, NE55, NY57, OR50, PA57, SC59, SD56, TN59, VA65, WI54, WY55

Site-specific Questions

**IL73. During your most recent pregnancy or since your new baby was born, did you have to reschedule or skip a healthcare visit for yourself because you had no one to watch your child(ren)?**

- No
- Yes

## Questionnaire Details

### Core Question

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

Month/Day/Year

## Reproductive History

### Standard Questions

**FF1. During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?**

No  
Yes

Used by: AZ64, MS67

**FF4. What is the age difference between your *new* baby and the child you delivered *just before* your new one?**

0 to 12 months  
13 to 18 months  
19 to 24 months  
More than 2 years but less than 3 years  
3 to 5 years  
More than 5 years

Used by: MS4

**FF5. Before you got pregnant with your new baby, did you ever have any other babies who were born alive?**

No  
Yes

Used by: MS3

## Respectful Maternal Care

### Standard Questions

**J7. Overall, since my new baby was born, I have felt ...** For each one, check **No** or **Yes**.

**No Yes**

- a. Comfortable asking questions about the *postpartum care* that I received
- b. Comfortable declining care if I didn't want it
- c. Comfortable accepting the options for care that my provider recommended
- d. I was able to choose the care options that I received
- e. My providers treated me with respect
- f. Satisfied with the *postpartum care* that I received

Used by: DE69, FL59, IN67, MI69, MS66, NE66, PA64, RI77, SC69, WA64

**K17. Overall, during the delivery of my baby, I felt...** For each one, check **No** or **Yes**.

**No Yes**

- a. Comfortable asking questions about the *labor and delivery care* that I received
- b. Comfortable declining care if I didn't want it
- c. Comfortable accepting the options for care that my provider recommended
- d. I was able to choose the care options that I received
- e. My providers treated me with respect
- f. Satisfied with the *labor and delivery care* that I received

Used by: CT38, IL37, ME36, MI43, NJ51, NM39, NYC40, NY40, PA38, TX43, WA39, WI38

**O7. Did you experience any of the following things during your pregnancy or after your baby was born?** For each one, check **No** or **Yes**.

**No Yes**

- d. I felt something wasn't right with my health
- e. I felt my concerns for my health weren't taken seriously
- f. I felt my doctor ignored my concerns about my health or symptoms

Used by: CT70, MA79, MN81, NJ80, PA72, SC72, TN78, TX74

**R25. Overall, during my pregnancy, I felt...** For each one, check **No** or **Yes**.

**No Yes**

- a. Comfortable asking questions about the *prenatal care* that I received
- b. Comfortable declining care if I didn't want it
- c. Comfortable accepting the options for care that my provider recommended
- d. I was able to choose the care options that I received
- e. My providers treated me with respect
- f. Satisfied with the *prenatal care* that I received



Used by: AZ21, CT17, DE25, IN22, MA22, MI23, MO22, OR18, PR17, SC20, TX21, WA20

## Social Determinants of Health

### Core Questions

**52. During the 12 months before your new baby was born, did lack of transportation keep you from any of the following?** For each one, check **No** or **Yes**.

**No    Yes**

- a. Going to medical appointments
- b. Going to non-medical appointments, meetings, or work
- c. Doing errands

### Standard Questions

**SD6. During the last 12 months, how often did your healthcare providers explain things about your health in a way that was easy to understand?**

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: NH79, PR76

**SD11. During the last 12 months, how often would you say you get the social and emotional support you need?**

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: NE75, TX80

**SD12. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time.**

***Within the last 30 days, how often have you felt this kind of stress?***

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: NH80, TX81

## Social Support

### Standard Questions

**W1. *During your most recent pregnancy, who would have helped you if a problem had come up?*** For example, who would have helped you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks? Check ALL that apply

- My spouse or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Neighbors
- Someone else: Please tell us:
- No one would have helped me

Used by: WI68

**W3. *Since your new baby was born, who would help you if a problem came up?*** For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks? Check ALL that apply

- My spouse or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Neighbors
- Someone else: Please tell us:
- No one would help me

Used by: AK65

**W5. The following questions are about the people in your life and the support they provided you while you were pregnant.** For each one, check **No** or **Yes**.

**No      Yes**

- a. Did you have someone you could go to if you felt lonely?
- b. Did you have someone you could talk with about things that were important to you or how you were feeling?
- c. Did you have someone you could count on to listen to your problems, worries, and fears?
- d. Did you have someone who showed you love and affection?
- e. Did you have someone who did things with you to relax or have fun?
- f. Did you have someone you could count on to loan you money for things like food or bills?
- g. Did you have someone who could take care of your children if you needed help?
- h. Did you have someone who could help with daily chores if you were sick?
- i. Did you have someone who could take you to the clinic or doctor's office if you needed a ride?

Used by: ME69, OR64, UT71

**W6. The following questions are about the people in your life and the support they provide you now.** For each one, check **No** or **Yes**.

**No      Yes**

- a. Do you have someone you can go to if you're feeling lonely?
- b. Do you have someone you can talk with about things that are important to you or how you're feeling?
- c. Do you have someone you can count on to listen to your problems, worries, and fears?
- d. Do you have someone who shows you love and affection?
- e. Do you have someone who does things with you to relax or have fun?
- f. Do you have someone you can count on to loan you money for things like food or bills?
- g. Do you have someone who can take care of your children if you need help?
- h. Do you have someone who can help with daily chores if you're sick?
- i. Do you have someone who can take you to the clinic or doctor's office if you need a ride?

Used by: IL76, MA78, MO67, NH75, NYC76

Site-specific Questions

**AK66. *Since your new baby was born, would you have the kinds of help listed below if you needed it?*** For each one, check **No** or **Yes**.

**No      Yes**

- a. Someone to loan me \$50
- b. Someone to help me if I were sick and needed to be in bed
- c. Someone to talk with about my problems
- d. Someone to take care of my baby
- e. Someone to help me if I were tired and feeling frustrated with my new baby

**RI86. *Since your new baby was born, would you have the kinds of help listed below if you needed it?*** For each one, check **No** or **Yes**.

**No      Yes**

- a. Someone to loan me \$50
- b. Someone to help me if I were sick and needed to be in bed
- c. Someone to talk with about my problems
- d. Someone to help me if I were tired and feeling frustrated with my new baby
- e. Someone to take me and my baby to the doctor's office if I had no other way of getting there

## Social Services

### Standard Questions

**B12. *During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?***

- No
- Yes

Used by: AL24, AR26, CO22, DE26, HI19, LA25, MA23, MI24, MP20, NJ26, NM21, RI22, WV22

**V1. *During your most recent pregnancy, did you get any of these services?*** For each one, check **No** or **Yes**.

**No      Yes**

- a. Parenting classes
- b. Counseling for depression or anxiety

Used by: AZ68

**V3. *Since your new baby was born, have you used WIC services for yourself or your new baby?***

- No
- Yes, only I am using WIC services

- Yes, both my new baby and I use WIC services
- Yes, only my new baby uses WIC services

Used by: GA69, IA73, ME70, VT75

**V11. During your most recent pregnancy, did you feel you needed any of the following services?** For each one, check **No** or **Yes**.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. SNAP (the Supplemental Nutrition Assistance Program)                              |           |            |
| b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) |           |            |
| c. Counseling for family or personal problems  |           |            |
| d. Help to quit smoking  |           |            |
| e. Help to reduce violence in my home  |           |            |
| f. Help to quit using drugs  |           |            |
| g. Assistance with housing or rent   |           |            |
| h. Other: Please tell us:  |           |            |

Used by: AZ69, OR62, PA68, SD70, UT69, WI67

**V12. During your most recent pregnancy, did you receive any of the following services?** For each one, check **No** or **Yes**.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. SNAP (the Supplemental Nutrition Assistance Program)                              |           |            |
| b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) |           |            |
| c. Counseling for family or personal problems  |           |            |
| d. Help to quit smoking  |           |            |
| e. Help to reduce violence in my home  |           |            |
| f. Help to quit using drugs  |           |            |
| g. Assistance with housing or rent   |           |            |
| h. Other: Please tell us:  |           |            |

Used by: CT68, IA69, LA74, NV58, OR63, PA69, SD71, UT70

**V23. Did you use doula support during any of the following time periods?** A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care. For each time period, check **No** or **Yes**.

- |                                    | <b>No</b> | <b>Yes</b> |
|------------------------------------|-----------|------------|
| a. During my most recent pregnancy |           |            |
| b. During the birth of my new baby |           |            |
| c. Since my new baby was born      |           |            |

Used by: AK64, AZ70, CT69, GA70, IL74, IA72, MA83, ME66, MN80, NJ79, TN77, UT74, VA78, WA76, WI72

### Site-specific Questions

**ME71. Why wasn't your new baby enrolled in WIC?** Check ALL that apply

- I didn't think my new baby would be eligible
- I was told that my baby didn't qualify for WIC
- I'm not sure what WIC is
- WIC hours did not fit my schedule
- The WIC office was too far away
- I don't need the services that WIC offers
- Other: Please tell us:

## Stress

### Core Questions

**29. Did any of the following things happen during the 12 months before your new baby was born?** For each one, check **No** or **Yes**.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. I got separated or divorced                                       |           |            |
| b. I was evicted or forced to move                                   |           |            |
| c. I didn't have a regular place to sleep                            |           |            |
| d. I was homeless or had to sleep outside, in a car, or in a shelter |           |            |
| e. My spouse, partner, or I lost a job                               |           |            |
| f. My spouse, partner, or I had a cut in work hours or pay           |           |            |
| g. I had problems paying the rent, mortgage, or other bills          |           |            |
| h. My spouse or partner went to jail/prison                          |           |            |
| i. I went to jail/prison   |           |            |
| j. Someone close to me had a problem with drinking or drugs          |           |            |
| k. Someone close to me was very sick or died                         |           |            |

### Standard Questions

**P15. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?**

Always

- Often
- Sometimes
- Rarely
- Never

Used by: DC34, GA36, IL34, LA43, MN39, NE32, SC37, TX37, WI35

**P23. What is your living situation today?** Check ONE answer

- I have a steady place to live
- I have a place to live today, but I’m worried about losing it in the future
- I don’t have a steady place to live (I’m temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

Used by: ME78, NE76, NH81, NYC81, NY80, OR70, SD76, WI77

**V11. During your most recent pregnancy, did you feel you needed any of the following services?** For each one, check **No** or **Yes**.

- |                                    |           |            |
|------------------------------------|-----------|------------|
|                                    | <b>No</b> | <b>Yes</b> |
| g. Assistance with housing or rent |           |            |

Used by: AZ69, OR62, PA68, SD70, UT69, WI67

**V12. During your most recent pregnancy, did you receive any of the following services?** For each one, check **No** or **Yes**.

- |                                    |           |            |
|------------------------------------|-----------|------------|
|                                    | <b>No</b> | <b>Yes</b> |
| g. Assistance with housing or rent |           |            |

Used by: CT68, IA69, LA74, NV58, OR63, PA69, SD71, UT70

**BB3. Since your new baby was born, how often would you say you have been worried or stressed about having enough money to pay your bills?**

- Always
- Often
- Sometimes
- Rarely
- Never

Used by: MT75, SC73, WI73

## Tobacco & Other Nicotine Products

### Product Use

#### Core Questions

5. **During any of your healthcare visits in the 12 months before you got pregnant, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

No Yes

**Ask me...**

- g. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco

11. **During any of your prenatal care visits, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

No Yes

**Talk to me about...**

**Ask me...**

- h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco

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

No

Yes

20. **In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?**

More than one pack (21 or more cigarettes)

One-half to one pack (11 to 20 cigarettes)

Less than half a pack (1 to 10 cigarettes)

I didn't smoke then

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

More than one pack (21 or more cigarettes)



One-half to one pack (11 to 20 cigarettes)  
Less than half a pack (1 to 10 cigarettes)  
I didn't smoke then

**22. How many cigarettes do you smoke on an average day *now*?**

More than one pack (21 or more cigarettes)  
One-half to one pack (11 to 20 cigarettes)  
Less than half a pack (1 to 10 cigarettes)  
I don't smoke now

**23. In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?**

No  
Yes

**24. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?**

Every day  
Some days  
I didn't use e-cigarettes or other electronic nicotine products then

**25. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?**

Every day  
Some days  
I didn't use e-cigarettes or other electronic nicotine products then

**26. In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?**

No  
Yes

**45. During your *postpartum* *checkup*, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.**

No Yes

**Ask me...**

- g. If I was smoking cigarettes or using e-cigarettes (“vapes”) or other smokeless tobacco

Standard Questions

**L18. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?** For each one, check **No** or **Yes**.

No Yes

- e. How smoking during pregnancy can affect a baby

Used by: MN9

**V11. During your most recent pregnancy, did you feel you needed any of the following services?** For each one, check **No** or **Yes**.

No Yes

- d. Help to quit smoking

Used by: AZ69, OR62, PA68, SD70, UT69, WI67

**V12. During your most recent pregnancy, did you receive any of the following services?** For each one, check **No** or **Yes**.

No Yes

- d. Help to quit smoking

Used by: CT68, IA69, LA74, NV58, OR63, PA69, SD71, UT70

Site-specific Questions

**AK60. During your most recent pregnancy, did you ever use smokeless tobacco products such as chewing tobacco, snuff, snus, or iqmik?**

- No
- Yes

**AK61. Which smokeless tobacco product(s) did you use during your pregnancy?**

- Chewing tobacco, snuff, or snus
- Iqmik (also known as black bull)

**HI66. Have you used any of the following products in the *past 2 years*?** For each one, check **No** or **Yes**.

**No    Yes**

- a. Hookah
- b. Betel nut or betel quid

**MP66. Have you used any of the following products in the *past 2 years*?** For each one, check **No** or **Yes**.

**No    Yes**

- a. Betel nut **with** tobacco, chewing tobacco, or cigarettes
- b. Betel nut **without** tobacco, chewing tobacco, or cigarettes

**MP67. During the *3 months before* you got pregnant, on average, how often did you chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)?**

Every day

Some days

I didn't chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)

**MP68. During the *last 3 months* of your pregnancy, on average, how often did you chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)?**

Every day

Some days

I didn't chew betel nut (with or without tobacco, chewing tobacco, or cigarettes)

## Cessation

### Standard Questions

**AA1. During any of your prenatal care visits, did a healthcare provider advise you to quit smoking?**

No

Yes

I didn't go for prenatal care

Used by: DE33, FL22, MT25, VT23, WV31, WY24

**AA2. During your most recent pregnancy, did you try any of the following things about to quit smoking?** For each one, check **No** or **Yes**.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. Set a specific date to stop smoking  |           |            |
| b. Use a text-messaging program for help with quitting                              |           |            |
| c. Use websites or apps for help with quitting                                      |           |            |
| d. Use social media for help with quitting (such as Facebook, Instagram, TikTok)    |           |            |
| e. Call a national or state quit line   |           |            |
| f. Attend a class or program to stop smoking  |           |            |
| g. Go to counseling for help with quitting  |           |            |
| h. Use a nicotine patch, gum, lozenge, nasal spray, or oral inhaler                 |           |            |
| i. Take a pill like Zyban® or Wellbutrin® (also known as bupropion) to stop smoking |           |            |
| j. Take a pill like Chantix® (also known as varenicline) to stop smoking            |           |            |
| k. Try to quit on my own (e.g., cold turkey)  |           |            |
| l. Other: Please tell us:   |           |            |

Used by: AR37, CO29, FL24, MT27, VT25

**AA3. During any of your prenatal visits, did a healthcare provider do any of the following things to help you quit smoking?** For each one, check **No** or **Yes**.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. Spend time with me discussing how to quit smoking                                      |           |            |
| b. Suggest that I set a specific date to stop smoking                                     |           |            |
| c. Suggest I attend a class or program to stop smoking                                    |           |            |
| d. Provide me with booklets, videos, or other materials to help me quit smoking on my own |           |            |
| e. Refer me to counseling for help with quitting  |           |            |
| f. Ask if a family member or friend would support my decision to quit                     |           |            |
| g. Refer me to a national or state quit line  |           |            |
| h. Recommend using or prescribe a nicotine gum  |           |            |
| i. Recommend using or prescribe a nicotine patch  |           |            |
| j. Recommend using or prescribe a nicotine lozenge  |           |            |
| k. Prescribe a nicotine nasal spray or nicotine oral inhaler                              |           |            |
| l. Prescribe a pill like Zyban® or Wellbutrin® (also known as bupropion) to help me quit  |           |            |
| m. Prescribe a pill like Chantix® (also known as varenicline) to help me quit             |           |            |

Used by: FL23, MT26, VT24, WV32

**AA6. Did you quit smoking around the time of your most recent pregnancy?** Check ONE answer

- No
- No, but I cut back
- Yes, I quit *before* I found out I was pregnant
- Yes, I quit *when* I found out I was pregnant
- Yes, I quit *later* in my pregnancy

Used by: AR38, FL25, GA25, HI26, MP27, NH24

**AA10. Would any of the following things make it hard for you to quit smoking?** For each one, check **No** or **Yes**.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Cost of medicines or products to help with quitting |           |            |
| b. Cost of classes to help with quitting               |           |            |
| c. Fear of gaining weight                              |           |            |
| d. Loss of a way to handle stress                      |           |            |
| e. Other people smoking around me                      |           |            |
| f. Cravings for a cigarette                            |           |            |
| g. Lack of support from others to quit                 |           |            |
| h. Worsening depression                                |           |            |
| i. Worsening anxiety                                   |           |            |
| j. Some other reason: Please tell us:                  |           |            |

Used by: AR39, CO30, FL26, MP28

## Secondhand Exposure

### Standard Questions

**AA5. Which of the following statements best describes the rules about smoking *inside your home during your most recent pregnancy, even if no one who lived in your home was a smoker?*** Check ONE answer

- No one was allowed to smoke anywhere inside my home
- Smoking was allowed in some rooms or at some times
- Smoking was permitted anywhere inside my home

Used by: AR43, VT28

**AA7. Which of the following statements best describes the rules about smoking *inside your home now, even if no one who lives in your home is a smoker?*** Check ONE answer

No one is allowed to smoke anywhere inside my home  
Smoking is allowed in some rooms or at some times  
Smoking is permitted anywhere inside my home

Used by: AR45, WV36

**AA8. How many cigarette smokers, *not including yourself*, lived in your home during your most recent pregnancy?**

Number of smokers \_\_\_\_

Used by: AR42, CO33, HI29, IA27

**AA9. How many cigarette smokers, *not including yourself*, live in your home now?**

Number of smokers \_\_\_\_

Used by: AR44, CO34, HI30, IA28, WV35

## Vaccinations and Influenza

### Maternal

#### Core Questions

**12. During the 12 months before your new baby was born, did a healthcare provider offer you the following shots or vaccinations?** For each one, check **No** or **Yes**.

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. Flu shot   |           |            |
| b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough]) |           |            |
| c. COVID-19 shot  |           |            |

**13. Did you get the following shots or vaccinations before or during your pregnancy?**

For each shot, check ALL that apply:

**B** for **3 months before** pregnancy

**D** for **During** pregnancy

or check **N** if you **Did not** get the shot in the 3 months before or during pregnancy

- |             | <b>B</b> | <b>D</b> | <b>N</b> |
|-------------|----------|----------|----------|
| a. Flu shot |          |          |          |

- b. Tdap shot
- c. COVID-19 shot

Standard Questions

**L14. What were your reasons for not getting a flu shot during the 12 months before the birth of your new baby?** For each one, check **No** or **Yes**.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. My doctor didn't mention anything about a flu shot      |           |            |
| b. I was worried about side effects of the flu shot for me |           |            |
| c. I was worried that the flu shot might harm my baby      |           |            |
| d. I wasn't worried about getting sick with the flu        |           |            |
| e. I don't think the flu shot works                        |           |            |
| f. I don't normally get a flu shot                         |           |            |
| g. Other: Please tell us:                                  |           |            |

Used by: MA17

**L18. In the 12 months before you got pregnant with your new baby, did a healthcare provider talk with you about the following things?** For each one, check **No** or **Yes**.

- |                                      | <b>No</b> | <b>Yes</b> |
|--------------------------------------|-----------|------------|
| a. Getting vaccines before pregnancy |           |            |

Used by: MN9

**L19. Where did you get your flu shot?** Check ONE answer

- My OB/GYN's office
- My family doctor or other doctor's office
- A health department or community clinic
- A hospital
- A pharmacy, drug store, or grocery store
- My workplace or school
- Other: Please tell us:

Used by: MA16

Infant

Standard Questions

**L33. What are your plans for vaccinating your new baby?** Check ONE answer

My baby will be vaccinated the way my baby's doctor recommends

My baby will get every vaccine but at different times than my baby's doctor recommends

My baby will get only some of the recommended vaccines

My baby will not get any vaccines

Used by: AK67, KS73, MT76, ND75, PR71