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

**BEFORE PREGNANCY**

The first questions are about you.

1. **How tall are you without shoes?**
   - Feet
   - Inches
   OR
   - Centimeters

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

3. **What is your date of birth?**
   - Month
   - Day
   - Year

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

4. **During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check No if you did not have the condition or Yes if you did.
   - Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)
   - High blood pressure or hypertension
   - Depression

5. **During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?**
   - I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
   - 1 to 3 times a week
   - 4 to 6 times a week
   - Every day of the week

6. **In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?**
   - No
   - Yes
   Go to Page 2, Question 9

7. **What type of health care visit did you have in the 12 months before you got pregnant with your new baby?**
   - Regular checkup at my family doctor’s office
   - Regular checkup at my OB/GYN’s office
   - Visit for an illness or chronic condition
   - Visit for an injury
   - Visit for family planning or birth control
   - Visit for depression or anxiety
   - Visit to have my teeth cleaned by a dentist or dental hygienist
   - Other
      Please tell us:
8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

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

The next questions are about your health insurance coverage before, during, and after your pregnancy with your new baby.

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

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid (LaMoms or Bayou Health)
- LaCHIP
- Take Charge or Take Charge Plus
- Greater New Orleans Health Connection (GNOCHC)
- TRICARE or other military health care
- Other health insurance

Please tell us:

- I did not have any health insurance during the **month before** I got pregnant
10. During your **most recent pregnancy**, what kind of health insurance did you have for your prenatal care?  

Check ALL that apply

- I did not go for prenatal care  
- Private health insurance from my job or the job of my husband or partner  
- Private health insurance from my parents  
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov  
- Medicaid (LaMoms or Bayou Health)  
- LaCHIP  
- Take Charge or Take Charge Plus  
- Greater New Orleans Health Connection (GNOCHC)  
- TRICARE or other military health care  
- Other health insurance  

**Go to Question 11**

- I did not have any health insurance for my prenatal care

11. What kind of health insurance do you have now?  

Check ALL that apply

- Private health insurance from my job or the job of my husband or partner  
- Private health insurance from my parents  
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov  
- Medicaid (LaMoms or Bayou Health)  
- LaCHIP  
- Take Charge or Take Charge Plus  
- Greater New Orleans Health Connection (GNOCHC)  
- TRICARE or other military health care  
- Other health insurance  

**Go to Question 11**

- I do not have health insurance now

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

Check ONE answer

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

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

- No
- Yes  

**Go to Page 4, Question 16**

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.  

- No
- Yes  

**Go to Page 4, Question 16**

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

Check ALL that apply

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

Please tell us:
DURING PREGNANCY

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

16. How many weeks or months pregnant were you when you had your first visit for prenatal care?

☐ Weeks OR ☐ Months

☐ I didn’t go for prenatal care -> Go to Question 18

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

☐ No ☐ Yes

-> Go to Question 19

18. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I didn’t have any transportation to get to the clinic or doctor’s office</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. The doctor or my health plan would not start care as early as I wanted</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. I had too many other things going on</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. I couldn’t take time off from work or school</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. I didn’t have my Medicaid (LaMoms or Bayou Health) card</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. I didn’t have anyone to take care of my children</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. I didn’t know that I was pregnant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. I didn’t want anyone else to know I was pregnant</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. I didn’t want prenatal care</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

If you did not get prenatal care, go to Question 20.
19. *During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below?* For each item, check **No** if they did not ask you about it or **Yes** if they did.

<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If I knew how much weight I should gain during pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. If I was taking any prescription medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If I was smoking cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. If I was drinking alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. If someone was hurting me emotionally or physically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. If I was feeling down or depressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. If I was using drugs such as marijuana, cocaine, crack, or meth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. If I wanted to be tested for HIV (the virus that causes AIDS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. If I planned to breastfeed my new baby</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. If I planned to use birth control after my baby was born</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. *During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?*

<table>
<thead>
<tr>
<th>Option</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>No</th>
<th>Yes, before my pregnancy</th>
<th>Yes, during my pregnancy</th>
</tr>
</thead>
</table>

22. *During your most recent pregnancy, did you get a Tdap shot or vaccination?* A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

<table>
<thead>
<tr>
<th>Option</th>
<th>No</th>
<th>Yes</th>
<th>I don’t know</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

26. *During your most recent pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.*

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gestational diabetes (diabetes that started during this pregnancy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Depression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. *During your most recent pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?*

<table>
<thead>
<tr>
<th>Option</th>
<th>No</th>
<th>Yes</th>
<th>I don’t know</th>
</tr>
</thead>
</table>
The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

28. Have you smoked any cigarettes in the past 2 years?
   - No
   - Yes
   [Go to Question 32]

29. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I didn’t smoke then

30. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I didn’t smoke then

31. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I don’t smoke now

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

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

32. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.
   - E-cigarettes or other electronic nicotine products ...............................................................
   - Hookah .................................................................
   - Cigarillos or flavored little cigars (Black and Milds, Swisher Sweets, etc) ...................
   - [No] [Yes]
   - [No] [Yes]
   - [No] [Yes]

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 33. Otherwise, go to Question 35.

33. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
   - More than once a day
   - Once a day
   - 2-6 days a week
   - 1 day a week or less
   - I did not use e-cigarettes or other electronic nicotine products then
34. During the **last 3 months** of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- [ ] More than once a day
- [ ] Once a day
- [ ] 2-6 days a week
- [ ] 1 day a week or less
- [ ] I did not use e-cigarettes or other electronic nicotine products then

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

- [ ] No
- [ ] Yes

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>c. I moved to a new address.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>e. My husband or partner lost their job.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>f. I lost my job even though I wanted to go on working.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>i. I argued with my husband or partner more than usual.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>j. My husband or partner said they didn’t want me to be pregnant.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>k. I had problems paying the rent, mortgage, or other bills.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>l. My husband, partner, or I went to jail.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>n. Someone very close to me died.</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>
39. 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

40. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- My husband or partner ..................................
- My ex-husband or ex-partner ......................
- Someone else ....................................................

41. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- My husband or partner ..................................
- My ex-husband or ex-partner ......................
- Someone else ....................................................

42. When was your new baby born?

Month / Day / Year

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

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

Go to Question 46

44. Is your baby alive now?

☐ No ➔ We are very sorry for your loss. Go to Page 11, Question 58
☐ Yes

45. Is your baby living with you now?

☐ No ➔ Go to Page 11, Question 58
☐ Yes

46. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.

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

Please tell us:
47. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

☐ No  ☐ Yes  Go to Question 49

48. What were your reasons for not breastfeeding your new baby?

[Check ALL that apply]

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

If you did not breastfeed your new baby, go to Page 10, Question 53.

49. After your new baby was born, did you receive the kinds of help with breastfeeding that are listed below? For each one, check No if you did not receive this kind of breastfeeding help or Yes if you did.

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:

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

☐ No  ☐ Yes  Go to Page 10, Question 52

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

☐ Less than 1 week

☐  Weeks  OR  ☐  Months
If your baby was not born in a hospital, go to Question 53.

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

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

If your baby is still in the hospital, go to Question 58.

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

Check ONE answer

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

54. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

- Always
- Often
- Sometimes
- Rarely
- Never

Go to Question 56

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

- No
- Yes

56. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In a crib, bassinet, or pack and play</td>
<td></td>
</tr>
<tr>
<td>b. On a twin or larger mattress or bed</td>
<td></td>
</tr>
<tr>
<td>c. On a couch, sofa, or armchair</td>
<td></td>
</tr>
<tr>
<td>d. In an infant car seat or swing</td>
<td></td>
</tr>
<tr>
<td>e. In a sleeping sack or wearable blanket</td>
<td></td>
</tr>
<tr>
<td>f. With a blanket</td>
<td></td>
</tr>
<tr>
<td>g. With toys, cushions, or pillows, including nursing pillows</td>
<td></td>
</tr>
<tr>
<td>h. With crib bumper pads (mesh or non-mesh)</td>
<td></td>
</tr>
</tbody>
</table>

57. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Place my baby on his or her back to sleep</td>
<td></td>
</tr>
<tr>
<td>b. Place my baby to sleep in a crib, bassinet, or pack and play</td>
<td></td>
</tr>
<tr>
<td>c. Place my baby's crib or bed in my room</td>
<td></td>
</tr>
<tr>
<td>d. What things should and should not go in bed with my baby</td>
<td></td>
</tr>
</tbody>
</table>
58. Are you or your husband or partner doing anything *now* to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

**Go to Question 60**

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

- I want to get pregnant
- I am pregnant now
- I had my tubes tied or blocked
- I don’t want to use birth control
- I am worried about side effects from birth control
- I am not having sex
- My husband or partner doesn’t want to use anything
- I have problems paying for birth control
- Other

**Check ALL that apply**

**Please tell us:**

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 61.

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

- Tubes tied or blocked (female sterilization or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other

**Check ALL that apply**

**Please tell us:**

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

- No
- Yes

**Go to Page 12, Question 63**

**Go to Page 12, Question 62**
62. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Tell me to take a vitamin with folic acid ...</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>c. Talk to me about how long to wait before getting pregnant again</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. Talk to me about birth control methods I can use after giving birth</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>g. Ask me if I was smoking cigarettes</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>h. Ask me if someone was hurting me emotionally or physically</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>i. Ask me if I was feeling down or depressed</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>j. Test me for diabetes</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

65. Since your new baby was born, have any of the following things happened to you? For each thing, check No if it did not happen to you or Yes if it did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My husband or partner threatened me or made me feel unsafe in some way</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. I was frightened for my safety or my family’s safety because of the anger or threats of my husband or partner</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

### OTHER EXPERIENCES

The next questions are on a variety of topics.

66. Have you ever experienced discrimination (felt like you were treated worse than other people) while getting any type of health or medical care? For each item, check No if you have never experienced discrimination because of it or Yes if you have.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My race or skin color</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. My immigration status</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>c. My age</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. My income</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>e. My sex/gender</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>f. My sexual orientation</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>g. My religion</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>h. Because I was pregnant</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>i. The language I speak</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>j. My type of health insurance or my lack of health insurance</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>
**67. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, check **No** if it didn’t happen to you or **Yes** if it did. It may help to use the calendar.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I felt that my race or ethnic background contributed to the stress in my life.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I experienced physical symptoms (for example, a headache, an upset stomach, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background.</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

**68. During the month before you got pregnant, did you take or use any of the following drugs for any reason?** Your answers are strictly confidential. For each item, check **No** if you did not use it or **Yes** if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Adderall®, Ritalin® or another stimulant.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. Marijuana or hash.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Synthetic marijuana (K2, Spice).</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. Methadone, naloxone, subutex, or Suboxone®.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. Heroin (smack, junk, Black Tar, Chiva).</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Amphetamines (uppers, speed, crystal meth, crank, ice, aguad).</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. Cocaine (crack, rock, coke, blow, snow, nieve).</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. Tranquilizers (downers, ludes).</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts).</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing).</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

**69. During your most recent pregnancy, did you receive any of the following services?** For each one, check **No** if you did not receive the service or **Yes** if you received the service.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Food stamps or money to buy food.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Counseling for family and personal problems.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. Help to quit smoking.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Help to reduce violence in my home.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. Other.</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

Please tell us:

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

- No
- Yes

- Go to Page 14, Question 75

**71. Please tell us about your MAIN job during your most recent pregnancy. What was your job title and what were your usual activities or duties?**

- Job title:

- Job duties:
72. Have you returned to the job you had during your most recent pregnancy?  
Check ONE answer

☐ No, and I do not plan to return  
☐ No, but I will be returning  
☐ Yes  
Go to Question 75

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

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

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

No Yes

a. I could not financially afford to take leave .............................................. ☐ ☐
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 does not have paid leave ................................................................. ☐ ☐
e. My job does not offer a flexible work schedule .............................................. ☐ ☐
f. I had not built up enough leave time to take any or more time off .......................... ☐ ☐

75. Do you have a husband or partner who lives with you now?  

☐ No  
☐ Yes

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

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

☐ $0 to $16,000  
☐ $16,001 to $20,000  
☐ $20,001 to $24,000  
☐ $24,001 to $28,000  
☐ $28,001 to $32,000  
☐ $32,001 to $40,000  
☐ $40,001 to $48,000  
☐ $48,001 to $57,000  
☐ $57,001 to $60,000  
☐ $60,001 to $73,000  
☐ $73,001 to $85,000  
☐ $85,001 or more

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

______ People

78. What is today's date?

______ / ______ / 20______  
Month  Day  Year
Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Louisiana.

Thanks for answering our questions!

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